Ł	1	(Official	Form	11	11	MIR

AMENDED

09-28319

D I (Official Point I) (1/08)	\$ 1° L = 3	موسيده ب		// 60311			
United States Ban Eastern District o			Va	luntary Petition			
Name of Debtor (if individual, enter Last, First, Middle, Rathell, Mareno, Marcellus	Name of Debtor (if individual, enter Last, First, Middle): Rathell, Mareno, Marcellus			Name of Joint Debtor (Spouse) (Last, First, Middle):			
All Other Names used by the Debtor in the last 8 years (include married, maiden, and trade names):			nes used by the Joint Debtor in ied, maiden, and trade names):	the last 8 years			
Last four digits of Soc. Sec. or Indvidual-Taxpayer I.D. (if more than one, state all): 0701	(ITIN) No./Complete EIN		ts of Soc. Sec. or Indvidual-Taxone, state all):	payer I.D. (ITIN) No./Complete EIN			
Street Address of Debtor (No. and Street, City, and State 6151 W. Bradley Road #314 Milwaukee, WI	е):	Street Addres	s of Joint Debtor (No. and Stree	et, City, and State):			
County of Residence or of the Principal Place of Busine	ZIP CODE 53223	County of Ba	idanas on of the Dainainal Diag	ZIP CODE			
Milwaukee			sidence or of the Principal Place				
Mailing Address of Debtor (if different from street addr	ess):	Mailing Addr	ess of Joint Debtor (if different	from street address):			
	ZIP CODE			ZIP CODE			
Location of Principal Assets of Business Debtor (if diffe	erent from street address above):			ZIP CODE			
Type of Debtor (Form of Organization)	Nature of Busine (Check one box.)	ss		uptcy Code Under Which Filed (Check one box.)			
(Check one box.) Individual (includes Joint Debtors) See Exhibit D on page 2 of this form. Corporation (includes LLC and LLP) Partnership Other (If debtor is not one of the above entities, check this box and state type of entity below.)	Health Care Business Single Asset Real Estate H U.S.C. § 101(51B) Railroad Stockbroker Commodity Broker Clearing Bank Other	as defined in	Chapter 7	Recognition of a Foreign Main Proceeding			
	Other	******		ure of Debts eck one box.)			
	Tax-Exempt Ent (Check box, if applied Debtor is a tax-exempt of under Title 26 of the Under Code (the Internal Rever	able.) rganization ited States	Debts are primarily considebts, defined in 11 U.S. § 101(8) as "incurred by individual primarily for a personal, family, or hous hold purpose."	C. business debts. an			
Filing Fee (Check one box	r.)	Check one bo	Chapter 11 D	ebtors			
✓ Full Filing Fee attached.		1	s a small business debtor as def	fined in 11 U.S.C. § 101(51D).			
Filing Fee to be paid in installments (applicable to signed application for the court's consideration cer unable to pay fee except in installments. Rule 100	rtifying that the debtor is	Check if:		defined in 11 U.S.C. § 101(51D).			
☐ Filing Fee waiver requested (applicable to chapter attach signed application for the court's considerated attach signed attached attach signed attached attache	7 individuals only). Must tion. See Official Form 3B.	insiders Check all app A plan i Accepta	or affiliates) are less than \$2,19 Dicable boxes: s being filed with this petition.	00,000.			
Statistical/Administrative Information				THIS SPACE IS FOR COURT USE ONLY			
Debtor estimates that funds will be available Debtor estimates that, after any exempt proper distribution to unsecured creditors.			, there will be no funds availab	rr			
1-49 50-99 100-199 200-999		0,001- 25	1	Over 100,000 2 2 2			
S0 to S50,001 to S100,001 to S500,001 S50,000 S100,000 S500,000 to S1	to \$10 to \$50 to	50,000,001 Si S100 to	1	More than SI billion S S S S S S S S S S S S S S S S S S S			
\$0 to \$50,001 to \$100,001 to \$500,001 \$50,000 \$100,000 \$500,000 to \$1	to \$10 to \$50 to	50,000,001 Si S100 to		More than SI billion			

B I (Official Form I) (1/08)		Page 2			
Voluntary Petition (This page must be completed and filed in every case.)	Name of Debtor(s): Mareno Marcellus Rathell				
All Prior Bankruptcy Cases Filed Within Last 8 \	L				
Location Where Filed: Milwaukee	Case Number: 97-26486 mdm	Date Filed: 07/02/97			
Location	Case Number:	Date Filed:			
Where Filed:					
Pending Bankruptcy Case Filed by any Spouse, Partner, or Affi Name of Debtor:	Case Number:	Date Filed:			
District: Eastern District of Wisconsin	Relationship:	Judge:			
Exhibit A	Exhibit B				
(To be completed if debtor is required to file periodic reports (e.g., forms 10K and 10Q) with the Securities and Exchange Commission pursuant to Section 13 or 15(d) of the Securities Exchange Act of 1934 and is requesting relief under chapter 11.)	(To be completed if debtor whose debts are primarily c I, the attorney for the petitioner named in the have informed the petitioner that [he or she] 12, or 13 of title 11, United States Code available under each such chapter. I further debtor the notice required by 11 U.S.C. § 342	onsumer debts.) foregoing petition, declare that I may proceed under chapter 7, 11, and have explained the relief tertify that I have delivered to the			
Exhibit A is attached and made a part of this petition.	X Signature of Attorney for Debtor(s) (Date)			
Does the debtor own or have possession of any property that poses or is alleged to pose Yes, and Exhibit C is attached and made a part of this petition. No.		blic health or safety?			
Exhibi	t D				
(To be completed by every individual debtor. If a joint petition is filed	d, each spouse must complete and attac	ch a separate Exhibit D.)			
Exhibit D completed and signed by the debtor is attached and	made a part of this petition.				
If this is a joint petition:					
it this is a joint petition:					
☐ Exhibit D also completed and signed by the joint debtor is atta	ched and made a part of this petition.				
Information Regarding	the Debtor - Venue				
(Check any appli Debtor has been domiciled or has had a residence, principal place o preceding the date of this petition or for a longer part of such 180 da	cable box.) f business, or principal assets in this District for	180 days immediately			
There is a bankruptcy case concerning debtor's affiliate, general par	mer, or partnership pending in this District.				
Debtor is a debtor in a foreign proceeding and has its principal place of business or assets in the United States but this District, or the interests of the parties will be served in regard to	s a defendant in an action or proceeding [in a fe				
Certification by a Debtor Who Resides a					
	•				
Landlord has a judgment against the debtor for possession of debt	or's residence. (If box checked, complete the fo	llowing.)			
(Name of landlord that obtained judgment)					
	(Address of landlord)				
Debtor claims that under applicable nonbankruptcy law, there are entire monetary default that gave rise to the judgment for possess	circumstances under which the debtor would be				
Debtor has included with this petition the deposit with the court of filing of the petition.					
Debtor certifies that he/she has served the Landlord with this cert	fication. (11 U.S.C. § 362(1)).				

B 1 (Official Form) 1 (1/08)	Page 3
Voluntary Petition	Name of Debtor(s):
(This page must be completed and filed in every case.)	Mareno Marcellus Rathell
	itures
Signature(s) of Debtor(s) (Individual/Joint)	Signature of a Foreign Representative
I declare under penalty of perjury that the information provided in this petition is true and correct. [If petitioner is an individual whose debts are primarily consumer debts and has chosen to file under chapter 7, 11, 12 or 13 of title 11, United States Code, understand the relief available under each such chapter, and choose to proceed under chapter 7. [If no attorney represents me and no bankruptcy petition preparer signs the petition] I have obtained and read the notice required by 11 U.S.C. § 342(b). I request relief in accordance with the chapter of title 11, United States Code, specified in this petition. X Signature of Debtor X Telephone Number (if not represented by attorney)	I declare under penalty of perjury that the information provided in this petition is true and correct, that I am the foreign representative of a debtor in a foreign proceeding, and that I am authorized to file this petition. (Check only one box.) I request relief in accordance with chapter 15 of title 11, United States Code. Certified copies of the documents required by 11 U.S.C. § 1515 are attached. Pursuant to 11 U.S.C. § 1511, I request relief in accordance with the chapter of title 11 specified in this petition. A certified copy of the order granting recognition of the foreign main proceeding is attached. X (Signature of Foreign Representative)
Date 18,2009	Date
Signature of Attorney* X Signature of Attorney for Debtor(s) Printed Name of Attorney for Debtor(s) Firm Name Address Telephone Number Date	Signature of Non-Attorney Bankruptcy Petition Preparer 1 declare under penalty of perjury that: (1) I am a bankruptcy petition preparer as defined in 11 U.S.C. § 110; (2) I prepared this document for compensation and have provided the debtor with a copy of this document and the notices and information required under 11 U.S.C. §§ 110(b), 110(h), and 342(b); and, (3) if rules or guidelines have been promulgated pursuant to 11 U.S.C. § 110(h) setting a maximum fee for services chargeable by bankruptcy petition preparers, I have given the debtor notice of the maximum amount before preparing any document for filing for a debtor or accepting any fee from the debtor, as required in that section. Official Form 19 is attached. Printed Name and title, if any, of Bankruptcy Petition Preparer Social-Security number (If the bankruptcy petition preparer is not an individual, state the Social-Security number of the officer, principal, responsible person or
*In a case in which § 707(b)(4)(D) applies, this signature also constitutes a certification that the attorney has no knowledge after an inquiry that the information in the schedules is incorrect. Signature of Debtor (Corporation/Partnership)	partner of the bankruptcy petition preparer.) (Required by 11 U.S.C. § 110.) Address
I declare under penalty of perjury that the information provided in this petition is true and correct, and that I have been authorized to file this petition on behalf of the debtor.	Date
The debtor requests the relief in accordance with the chapter of title 11, United States Code, specified in this petition. X	Signature of bankruptcy petition preparer or officer, principal, responsible person, or partner whose Social-Security number is provided above.
Signature of Authorized Individual Printed Name of Authorized Individual Title of Authorized Individual Date	Names and Social-Security numbers of all other individuals who prepared or assisted in preparing this document unless the bankruptcy petition preparer is not an individual. If more than one person prepared this document, attach additional sheets conforming to the appropriate official form for each person.
	A bankruptcy petition preparer's failure to comply with the provisions of title 11 and the Federal Rules of Bankruptcy Procedure may result in fines or imprisonment or both. 11 U.S.C. § 110; 18 U.S.C. § 156.

United States Bankruptcy Court

Eastern District of Wisconsin

In re	Mareno Marcellus Rathell	Case No. 09-28319
	Debtor	
		AMENDED Chapter 1
		SHMMADY OF SCHEDILLES

Indicate as to each schedule whether that schedule is attached and state the number of pages in each. Report the totals from Schedules A, B, D, E, F, I, and J in the boxes provided. Add the amounts from Schedules A and B to determine the total amount of the debtor's assets. Add the amounts of all claims from Schedules D, E, and F to determine the total amount of the debtor's liabilities. Individual debtors also must complete the "Statistical Summary of Certain Liabilities and Related Data" if they file a case under chapter 7, 11, or 13.

NAME OF SCHEDULE	ATTACHED (YES/NO)	NO. OF SHEETS	ASSETS	LIABILITIES	OTHER
A - Real Property	Yes	1	s 0.00		
B - Personal Property	Yes	3	s 4 2,213.0 0 4613		
C - Property Claimed as Exempt	Yes	1			
D - Creditors Holding Secured Claims	Yes	1		s 32,947.45	
E - Creditors Holding Unsecured Priority Claims (Total of Claims on Schedule E)	Yes	3		s 0.00	
F - Creditors Holding Unsecured Nonpriority Claims	Yes	2		s 5,617.00	
G - Executory Contracts and Unexpired Leases	Yes	1			
H - Codebtors	Yes	1			
l - Current Income of Individual Debtor(s)	Yes	1			s 0.0 0
J - Current Expenditures of Individual Debtors(s)	Yes	1			s 580.00
Т	OTAL	15	S 2,213.00	s 38,564.45	

4613

United States Bankruptcy Court

United States	Da	iiki uf	ncy Court
Eastern Dis	strict of	Wiscons	in
In re <u>Mareno Marcellus Rathell</u> , Debtor			Case No. <u>09-28319</u>
Aut	NOE	0	Chapter _7
STATISTICAL SUMMARY OF CERTAIN L	IABII	TIES .	AND RELATED DATA (28 U.S.C. § 159)
If you are an individual debtor whose debts are primarily of § 101(8)), filing a case under chapter 7, 11 or 13, you must report all			
$\hfill\Box$ Check this box if you are an individual debtor whose definion mation here.	ots are No	OT primaril	y consumer debts. You are not required to report any
This information is for statistical purposes only under 28 U	J.S.C. §	159.	
Summarize the following types of liabilities, as reported in the Sc	hedules.	and total t	hem.
	T		 3
Type of Liability	Amou	nt	
Domestic Support Obligations (from Schedule E)	\$	0.00	
Taxes and Certain Other Debts Owed to Governmental Units (from Schedule E)	\$	0.00	
Claims for Death or Personal Injury While Debtor Was Intoxicated (from Schedule E) (whether disputed or undisputed)	\$	0.00	
Student Loan Obligations (from Schedule F)	\$	0.00	
Domestic Support, Separation Agreement, and Divorce Decree Obligations Not Reported on Schedule E	\$	0.00	
Obligations to Pension or Profit-Sharing, and Other Similar Obligations (from Schedule F)	\$	0.00	
TOTAL	l c	0.00	7

State the following:

Average Income (from Schedule I, Line 16)	\$ 0.00
Average Expenses (from Schedule J, Line 18)	\$ 580.00
Current Monthly Income (from Form 22A Line 12; OR , Form 22B Line 11; OR , Form 22C Line 20)	\$ 0.00

State the following:

tute the ibnownig.			
1. Total from Schedule D, "UNSECURED PORTION, IF ANY" column		\$ 30	547.35
2. Total from Schedule E, "AMOUNT ENTITLED TO PRIORITY" column.	\$ 0.00		
3. Total from Schedule E, "AMOUNT NOT ENTITLED TO PRIORITY, IF ANY" column		\$	0.00
4. Total from Schedule F		\$	5,617.00
5. Total of non-priority unsecured debt (sum of 1, 3, and 4)		\$	- 5,617.00

36164.35

In re_Mareno Marcellus Rathell		Case No. 09-28319	
Debtor	AMENDED	(If known)	

SCHEDULE A - REAL PROPERTY

Except as directed below, list all real property in which the debtor has any legal, equitable, or future interest, including all property owned as a cotenant, community property, or in which the debtor has a life estate. Include any property in which the debtor holds rights and powers exercisable for the debtor's own benefit. If the debtor is married, state whether the husband, wife, both, or the marital community own the property by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the debtor holds no interest in real property, write "None" under "Description and Location of Property."

Do not include interests in executory contracts and unexpired leases on this schedule. List them in Schedule G - Executory Contracts and Unexpired Leases.

If an entity claims to have a lien or hold a secured interest in any property, state the amount of the secured claim. See Schedule D. If no entity claims to hold a secured interest in the property, write "None" in the column labeled "Amount of Secured Claim."

If the debtor is an individual or if a joint petition is filed, state the amount of any exemption claimed in the property only in Schedule C - Property Claimed as Exempt.

DESCRIPTION AND LOCATION OF PROPERTY	NATURE OF DEBTOR'S INTEREST IN PROPERTY	HUSBAND, WIFE, JOINT, OR COMMUNITY	CURRENT VALUE OF DEBTOR'S INTEREST IN PROPERTY, WITHOUT DEDUCTING ANY SECURED CLAIM OR EXEMPTION	AMOUNT OF SECURED CLAIM
None				
		·		
	7. March 1984			

(Report also on Summary of Schedules.)

In re	Mareno Marcellus Rathell		Case No.	09-28319
	Debtor	AUDIOFO		(If known)

SCHEDULE B - PERSONAL PROPERTY

Except as directed below, list all personal property of the debtor of whatever kind. If the debtor has no property in one or more of the categories, place an "x" in the appropriate position in the column labeled "None." If additional space is needed in any category, attach a separate sheet properly identified with the case name, case number, and the number of the category. If the debtor is married, state whether the husband, wife, both, or the marital community own the property by placing an "H," "W," "I," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the debtor is an individual or a joint petition is filed, state the amount of any exemptions claimed only in Schedule C - Property Claimed as Exempt.

Do not list interests in executory contracts and unexpired leases on this schedule. List them in Schedule G - Executory Contracts and Unexpired Leases.

If the property is being held for the debtor by someone else, state that person's name and address under "Description and Location of Property." If the property is being held for a minor child, simply state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

TYPE OF PROPERTY	N O N E	DESCRIPTION AND LOCATION OF PROPERTY	HUSBAND, WIFE, JOINT, OR COMMUNITY	CURRENT VALUE OF DEBTOR'S INTEREST IN PROPERTY, WITH- OUT DEDUCTING ANY SECURED CLAIM OR EXEMPTION
1. Cash on hand.		Cash on Hand		600.00
2. Checking, savings or other financial accounts, certificates of deposit or shares in banks, savings and loan, thrift, building and loan, and homestead associations, or credit unions, brokerage houses, or cooperatives.		E-trade Account, Arlington, VA TCF Bank, Milwaukee, WI PNC Bank, Hoboken, NJ	CAN Bellevision of the security of the securit	13.00
Security deposits with public utilities, telephone companies, landlords, and others.	х			
Household goods and furnishings, including audio, video, and computer equipment.		Laptop computer, printer, luggage, 6151 W. Bradley Rd #314, Milwaukee, Wi 53223		700.00
5. Books; pictures and other art objects; antiques; stamp, coin, record, tape, compact disc, and other collections or collectibles.	х			
6. Wearing apparel.		pants, shirts, jackets, coats, shoes, 6151 W. Bra		500.00
7. Furs and jewelry.	х			
8. Firearms and sports, photographic, and other hobby equipment.		Nikon D40 SLR camera 6151 W. Bradley Rd. #314, Milwaukee, WI 5322		400.00
9. Interests in insurance policies. Name insurance company of each policy and itemize surrender or refund value of each.	x			
10. Annuities. Itemize and name each issuer.	×			
11. Interests in an education IRA as defined in 26 U.S.C. § 530(b)(1) or under a qualified State tuition plan as defined in 26 U.S.C. § 529(b)(1). Give particulars. (File separately the record(s) of any such interest(s). 11 U.S.C. § 521(c).)	×			

In re	Mareno	Marcellus	Rathell
		Debtor	

Case No.	09-28319
	(If known)

SCHEDULE B - PERSONAL PROPERTY

(Continuation Sheet)

TYPE OF PROPERTY	N O N E	DESCRIPTION AND LOCATION OF PROPERTY	HUSBAND, MIFE, JOINT, OR COMMUNITY	CURRENT VALUE OF DEBTOR'S INTEREST IN PROPERTY, WITH- OUT DEDUCTING ANY SECURED CLAIM OR EXEMPTION
12. Interests in IRA, ERISA, Keogh, or other pension or profit sharing plans. Give particulars.	х			
13. Stock and interests in incorporated and unincorporated businesses. Itemize.	x			
14. Interests in partnerships or joint ventures. Itemize.	x			
15. Government and corporate bonds and other negotiable and non-negotiable instruments.	x			
16. Accounts receivable.	х			
17. Alimony, maintenance, support, and property settlements to which the debtor is or may be entitled. Give particulars.	х			
18. Other liquidated debts owed to debtor including tax refunds. Give particulars.	х			
19. Equitable or future interests, life estates, and rights or powers exercisable for the benefit of the debtor other than those listed in Schedule A – Real Property.	x			
20. Contingent and noncontingent interests in estate of a decedent, death benefit plan, life insurance policy, or trust.	x			
21. Other contingent and unliquidated claims of every nature, including tax refunds, counterclaims of the debtor, and rights to setoff claims. Give estimated value of each.	х			

Case	No.	09-28319	
			Ξ

(If known)

SCHEDULE B - PERSONAL PROPERTY

(Continuation Sheet)

22.5	E	DESCRIPTION AND LOCATION OF PROPERTY	HUSBAND, WITE, 1 OR COMMUNITY	IN PROPERTY, WITH- OUT DEDUCTING ANY SECURED CLAIM OR EXEMPTION
22. Patents, copyrights, and other intellectual property. Give particulars.	×			
23. Licenses, franchises, and other general intangibles. Give particulars.	×			
24. Customer lists or other compilations containing personally identifiable information (as defined in 11 U.S.C. § 101(41A)) provided to the debtor by individuals in connection with obtaining a product or service from the debtor primarily for personal, family, or household purposes.	×			
25. Automobiles, trucks, trailers, and other vehicles and accessories.	N	1997 FORD EXPEDITION 150,000 MILES KELLY BLIE BOOK	J .	2400
26. Boats, motors, and accessories.		150,000 MILES (2xx)		2- (
27. Aircraft and accessories.	x	Kerry But Dode		
28. Office equipment, furnishings, and supplies.	x	٧٨(١٥٠		
29. Machinery, fixtures, equipment, and supplies used in business.	×			
30. Inventory.	x			
31. Animals.	×			
32. Crops - growing or harvested. Give particulars.	x			
33. Farming equipment and implements.	×			
34. Farm supplies, chemicals, and feed.	x			
35. Other personal property of any kind not already listed. Itemize.	x			

(Include amounts from any continuation sheets attached. Report total also on Summary of Schedules.) 461300

Debtor

Case No. 09-28319

(If known)

SCHEDULE C - PROPERTY CLAIMED AS EXEMPT

Debtor claims the exemptions to which debtor is entitled under: (Check one box)

(Check one box)
11 U.S.C. § 522(b)(2)
11 U.S.C. § 522(b)(3)

☐ Check if debtor claims a homestead exemption that exceeds \$136,875.

DESCRIPTION OF PROPERTY	SPECIFY LAW PROVIDING EACH EXEMPTION	VALUE OF CLAIMED EXEMPTION	CURRENT VALUE OF PROPERTY WITHOUT DEDUCTING EXEMPTION
clothes	Wis: Stat. Sec. 8(5.18 (3) (d) 522(d)(3)	500.00	500.00
Laptop computer, printer, luggage	Wis. Stat. Sec. 815 18 (3) (d) 522(d)(3)	700.00	700.00
Nikon D40 DSLR Camera	Wis. Stat. Sec. 815 (8 (3) (d) 522 (d)(3)	72.(5) 400.00	400.00
1997 Ford Expedition	Wis Stat. Sec. 815.18 (3) - (d) 522(d)(2)) (po 2,400.00 (po Equit	2,400.00
ctaif	322(1)(s)	600	600
ETRAPE RET	522(1)(s) 522(1)(s)	13	13

Debtor /

Case No. 09-28319

(If known)

Summary of Certain Liabilities and Related

Data.

SCHEDULE D - CREDITORS HOLDING SECURED CLAIMS

State the name, mailing address, including zip code, and last four digits of any account number of all entities holding claims secured by property of the debtor as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. List creditors holding all types of secured interests such as judgment liens, garnishments, statutory liens, mortgages, deeds of trust, and other security interests.

List creditors in alphabetical order to the extent practicable. If a minor child is the creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m). If all secured creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H – Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community."

If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Total the columns labeled "Amount of Claim Without Deducting Value of Collateral" and "Unsecured Portion, if Any" in the boxes labeled "Total(s)" on the last sheet of the completed schedule. Report the total from the column labeled "Amount of Claim Without Deducting Value of Collateral" also on the Summary of Schedules and, if the debtor is an individual with primarily consumer debts, report the total from the column labeled "Unsecured Portion, if Any" on the Statistical Summary of Certain Liabilities and Related Data.

Check this box if debtor has no creditors holding secured claims to report on this Schedule D.

			Ū		•			
CREDITOR'S NAME AND MAILING ADDRESS INCLUDING ZIP CODE AND AN ACCOUNT NUMBER (See Instructions Above.)	CODEBTOR	HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED, NATURE OF LIEN, AND DESCRIPTION AND VALUE OF PROPERTY SUBJECT TO LIEN	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM WITHOUT DEDUCTING VALUE OF COLLATERAL	UNSECURED PORTION, IF ANY
Schelble & Podbielski C/O Ford Motor Credit 622 N. Water Street Suite 400 Milwaukee, WI 53202			October 2000 Auto Loan Judgement 1997 Ford Expedi VALUE \$ 2,400.00		х		32,947.45	30,91745
ACCOUNT NO.		-						
ACCOUNT NO.			VALUE \$					
			VALUE \$ Subtotal ▶					
continuation sheets attached			(Total of this page)				\$ 32,947.45	\$ 30547 45
			(Use only on last page)			ļ	\$ 32,947.45 (Report also on Summary of Schedules.)	(If applicable, report also on Statistical

In re Mareno Marcellus Rathell		Case No. 09-28319
Debtor	AMENDED	(if known)

SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS

A complete list of claims entitled to priority, listed separately by type of priority, is to be set forth on the sheets provided. Only holders of unsecured claims entitled to priority should be listed in this schedule. In the boxes provided on the attached sheets, state the name, mailing address, including zip code, and last four digits of the account number, if any, of all entities holding priority claims against the debtor or the property of the debtor, as of the date of the filing of the petition. Use a separate continuation sheet for each type of priority and label each with the type of priority.

The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H-Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report the total of claims listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all claims listed on this Schedule E in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules.

Report the total of amounts entitled to priority listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all amounts entitled to priority listed on this Schedule E in the box labeled "Totals" on the last sheet of the completed schedule. Individual debtors with primarily consumer debts report this total also on the Statistical Summary of Certain Liabilities and Related Data.

Report the total of amounts not entitled to priority listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all

amounts not entitled to priority listed on this Schedule E in the box labeled "Totals" on the last sheet of the completed schedule. Individual debtors with primarily consumer debts report this total also on the Statistical Summary of Certain Liabilities and Related Data.
Check this box if debtor has no creditors holding unsecured priority claims to report on this Schedule E.
TYPES OF PRIORITY CLAIMS (Check the appropriate box(es) below if claims in that category are listed on the attached sheets.)
Domestic Support Obligations
Claims for domestic support that are owed to or recoverable by a spouse, former spouse, or child of the debtor, or the parent, legal guardian, or responsible relative of such a child, or a governmental unit to whom such a domestic support claim has been assigned to the extent provided in 11 U.S.C. § 507(a)(1).
Extensions of credit in an involuntary case
Claims arising in the ordinary course of the debtor's business or financial affairs after the commencement of the case but before the earlier of the appointment of a trustee or the order for relief. 11 U.S.C. § 507(a)(3).
Wages, salaries, and commissions
Wages, salaries, and commissions, including vacation, severance, and sick leave pay owing to employees and commissions owing to qualifying independent sales representatives up to \$10,950* per person carned within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(4). Contributions to employee benefit plans
Money owed to employee benefit plans for services rendered within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(5).

Commitments to Maintain the Capital of an Insured Depository Institution

Claims based on commitments to the FDIC, RTC, Director of the Office of Thrift Supervision, Comptroller of the Currency, or Board of Governors of the Federal Reserve System, or their predecessors or successors, to maintain the capital of an insured depository institution. 11 U.S.C. § 507 (a)(9).

Claims for Death or Personal Injury While Debtor Was Intoxicated

Claims for death or personal injury resulting from the operation of a motor vehicle or vessel while the debtor was intoxicated from using alcohol, a drug, or another substance. 11 U.S.C. § 507(a)(10).

continuation sheets attached

^{*} Amounts are subject to adjustment on April 1, 2010, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

Debtor

Case No. 09-28319

(if known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

State the name, mailing address, including zip code, and last four digits of any account number, of all entities holding unsecured claims without priority against the debtor or the property of the debtor, as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m). Do not include claims listed in Schedules D and E. If all creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "I," or "C" in the column labeled "Husband, Wife, Joint, or Community."

If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report the total of all claims listed on this schedule in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules and, if the debtor is an individual with primarily consumer debts, report this total also on the Statistical Summary of Certain Liabilities and Related Data...

☐ Check this box if debtor has no creditors holding unsecured claims to report on this Schedule F.							
CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR	HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. 101591			01/2005				
Anderson Financial, C/O Dish Network, PO Box 3097, Bloomington, IL 61702							124.00
ACCOUNT NO. 461007847848			09/2002				
First Premier 900 Delaware Suite 7 Sioux Falls, SD 57104							589.00
ACCOUNT NO. 33358			09/2007				
Aid Assoc.,tmobile, 370 7th Ave Ste 1500, NY, NY 10001							1,836.00
ACCOUNT NO. 479124183026			12/2000				
Capital One Bank PO Box 85064 Glen Allen, VA 23058			.=				851.00
				`	Sub	total>	s 3,400.00
Continuation sheets attached (Use only on last page of the completed Schedule F.) (Report also on Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related Data.)					ule F.) tistical	S	

Debtor

Case No. 09-28319

(if known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR	HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. 115006852			09/2003				
Sherman Acquisition, c/o Sears, PO Box 740281 Houston, TX 77274	Andrian Chiral Community C						823.00
ACCOUNT NO. 2229010			10/2002				
ER Solutions 500 SW 7th St Renton, WA 98055							1,053.00
ACCOUNT NO. 461007810091			11/1998				
First Premier 900 Delaware Suite 7 Sioux Falls, SD 57104							203.00
ACCOUNT NO. 798923			12/2001				
Southwest Collection SVC 635 N Main St Orange, CA 92868		·			Waterskin Control of the Control of		85.00
ACCOUNT NO. 798943			12/2001				
Southwest Collection SVC 635 N Main St Orange, CA 92868							53.00
Sheet no. 2 of 2 continuation of to Schedule of Creditors Holding Unsecure Nonpriority Claims	neets atta	ched			Sub	total>	s 2,217.00
Total (Use only on last page of the completed Schedule F.) (Report also on Summary of Schedules and, if applicable on the Statistical Summary of Certain Liabilities and Related Data.)							s 5,617.00

In re Mareno Marcellus Rathell		Case No. 09-28319	
Debtor	1 1 10 0	(if known)	
	Aulen Det)		

SCHEDULE G - EXECUTORY CONTRACTS AND UNEXPIRED LEASES

Describe all executory contracts of any nature and all unexpired leases of real or personal property. Include any timeshare interests. State nature of debtor's interest in contract, i.e., "Purchaser," "Agent," etc. State whether debtor is the lessor or lessee of a lease. Provide the names and complete mailing addresses of all other parties to each lease or contract described. If a minor child is a party to one of the leases or contracts, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

Check this box if debtor has no executory contracts or unexpired leases.

NAME AND MAILING ADDRESS, INCLUDING ZIP CODE, OF OTHER PARTIES TO LEASE OR CONTRACT.	DESCRIPTION OF CONTRACT OR LEASE AND NATURE OF DEBTOR'S INTEREST. STATE WHETHER LEASE IS FOR NONRESIDENTIAL REAL PROPERTY. STATE CONTRACT NUMBER OF ANY GOVERNMENT CONTRACT.

In re Mareno Marcellus Rathell ,				Case No. 09-28319
Debtor	Λ,	V.	^	(if known)

SCHEDULE H - CODEBTORS

Provide the information requested concerning any person or entity, other than a spouse in a joint case, that is also liable on any debts listed by the debtor in the schedules of creditors. Include all guarantors and co-signers. If the debtor resides or resided in a community property state, commonwealth, or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) within the eight-year period immediately preceding the commencement of the case, identify the name of the debtor's spouse and of any former spouse who resides or resided with the debtor in the community property state, commonwealth, or territory. Include all names used by the nondebtor spouse during the eight years immediately preceding the commencement of this case. If a minor child is a codebtor or a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

Check this box if debtor has no codebt	tors.
--	-------

NAME AND ADDRESS OF CODEBTOR	NAME AND ADDRESS OF CREDITOR

)	FU.	Mareno	Marcellus	Ratheil	
			Debtor		-

Case No. 09-28319	
	(if known)

SCHEDULE I - CURRENT INCOME OF INDIVIDUAL DEBTOR(S)

The column labeled "Spouse" must be completed in all cases filed by joint debtors and by every married debtor, whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed. Do not state the name of any minor child. The average monthly income calculated on this form may differ from the current monthly income calculated on Form 22A, 22B, or 22C.

Status: Divorced	RELATIONSHIP(S): ari (son), Rashi (son), & Zevadya (son) AGE(S): 18, 1					
-		Levadye	(3011)	ODOLIGE	AOE(3). 10, 10,	
Employment: Occupation Uner	DEBTOR	-		SPOUSE		
Name of Employer	проува	<u> </u>			W	
How long employed		<u> </u>				
Address of Employ		İ				
COME: (Estimate o	of average or projected monthly income at time	DEBTOR	· · · · · · · · · · · · · · · · · · ·	SPOUSE		
case f		DLDTOR		STOOSE		
3.6 . 4.1		\$	0.00	\$	·	
(Prorate if not pa	ges, salary, and commissions	a	0.00	dn ·		
Estimate monthly		2	0.00	2		
,	•					
SUBTOTAL		\$	0.00	\$		
LESS PAYROLL	DEDUCTIONS					
a. Payroll taxes an		\$	0.00	\$		
b. Insurance	•	\$	0.00	\$		
c. Union dues		\$	0.00	<u>\$</u>		
d. Other (Specify)		\$	0.00	\$		
SUBTOTAL OF P	AYROLL DEDUCTIONS	\$	0.00	\$		
TOTAL NET MOI	NTHLY TAKE HOME PAY	\$	0.00	\$		
Regular income fro	om operation of business or profession or farm	\$	0.00	\$		
(Attach detailed:		\$	0.00	\$		
Income from real p Interest and divide		•				
	nance or support payments payable to the debtor for	3	0.00	\$		
the debtor's us	e or that of dependents listed above	\$	0.00	\$	_	
Social security or	government assistance					
(Specify):	nent income	\$	0.00	\$		
Other monthly inc		\$	0.00	\$		
		\$		\$		
	LINES 7 THROUGH 13	\$	0.00	\$		
AVERAGE MON	THLY INCOME (Add amounts on lines 6 and 14)	\$	0.00	<u>\$</u>		
COMBINED AV	ERAGE MONTHLY INCOME: (Combine column		\$	0.00		
als from line 15)	· · · · · · · · · · · · · · · · · · ·	(Report also	on Summary	of Schedules and	1. if applicable	
		on Statistica	l Summary o	f Certain Liabiliti	es and Related Data	
	ease or decrease in income reasonably anticipated to		•			

In re Mareno Marcellus Rathell	,	Case No. 09-28319	
Debtor	Augusto 1	(if known)	

SCHEDULE J - CURRENT EXPENDITURES OF INDIVIDUAL DEBTOR(S)

Complete this schedule by estimating the average or projected monthly expenses of the debtor and the debtor's family at time case filed. Prorate any payments made bi-weekly, quarterly, semi-annually, or annually to show monthly rate. The average monthly expenses calculated on this form may differ from the deductions from income allowed on Form22A or 22C.

Check this box if a joint petition is filed and debtor's spouse maintains a separate household. Complete a separate schedule of expenditures and the complete and debtor's spouse maintains are specifically debtor's deb	ires labeled "	'Spouse."
1. Rent or home mortgage payment (include lot rented for mobile home)	s	0.00
a. Are real estate taxes included? YesNo		
b. Is property insurance included? Yes No		
2. Utilities: a. Electricity and heating fuel	S	0.00
b. Water and sewer	S	0.00
c. Telephone	s	0.00
d. Other	s	0.00
3. Home maintenance (repairs and upkeep)	s	0.00
4. Food	s	300.00
5. Clothing	S	50.00
6. Laundry and dry cleaning	S	30.00
7. Medical and dental expenses	S	0.00
8. Transportation (not including car payments)	S	100.00
9. Recreation, clubs and entertainment, newspapers, magazines, etc.	S	50.00
10.Charitable contributions	S	0.00
11.Insurance (not deducted from wages or included in home mortgage payments)		
a. Homeowner's or renter's	S	0.00
b. Life	S	0.00
c. Health	s	0.00
d. Auto	S	0.00
e. Other	S	0.00
12. Taxes (not deducted from wages or included in home mortgage payments) (Specify)	\$	0.00
13. Installment payments: (In chapter 11, 12, and 13 cases, do not list payments to be included in the plan)		
a. Auto	S	0.00
b. Other	S	0.00
c. Other	s	0.00
14. Alimony, maintenance, and support paid to others	S	0.00
15. Payments for support of additional dependents not living at your home	S	0.00
16. Regular expenses from operation of business, profession, or farm (attach detailed statement)	S	0.00
17. Other Mobile Phone bill	S	50.00
 AVERAGE MONTHLY EXPENSES (Total lines 1-17. Report also on Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related Data.) 	\$	580.00
19. Describe any increase or decrease in expenditures reasonably anticipated to occur within the year following the filing of this document:		
obtaining our own apartment, transportation cost to future employment, utilities associated with obtaining an apartment, school expenses after kis are enrolled in school. 20. STATEMENT OF MONTHLY NET INCOME		
a. Average monthly income from Line 15 of Schedule I	S _	0.00
b. Average monthly expenses from Line 18 above	S	580.00
c. Monthly net income (a. minus b.)	S	-580.00

In re Mareno Marcellus Rathell ,	Case No
Debtor	(if known)

DECLARATION CONCERNING DEBTOR'S SCHEDULES

DECLARATION UNDER PENALTY OF PERJURY BY INDIVIDUAL DEBTOR

I declare under penalty of perjury that I have read the foregoing su	ammary and schedules, consisting of 10/ sheets, and that they are true and correct to the best o
my knowledge, information, and belief.	Mayor Ram
Date 06/09/2009	
Date	Signature: Debtor
D.v.	
Date	Signature:(Joint Debtor, if any)
	, , , , , , , , , , , , , , , , , , ,
	[If joint case, both spouses must sign.]
	ATTORNEY BANKRUPTCY PETITION PREPARER (See 11 U.S.C. § 110)
the debtor with a copy of this document and the notices and information re	parer as defined in 11 U.S.C. § 110; (2) I prepared this document for compensation and have provided quired under 11 U.S.C. §§ 110(b), 110(h) and 342(b); and, (3) if rules or guidelines have been vices chargeable by bankruptcy petition preparers, I have given the debtor notice of the maximum any fee from the debtor, as required by that section.
Pheren Robbins	390-04-5175
Printed or Typed Name and Title, if any, of Bankruptcy Petition Preparer	Social Security No. (Required by 11 U.S.C. § 110.)
If the bankruptcy petition preparer is not an individual, state the name, title who signs this document.	e (if any), address, and social security number of the officer, principal, responsible person, or partner
Address	
x A	06/09/2009
Signature of Bankruptcy Petition Preparer	Date
Names and Social Security numbers of all other individuals who prepared of	or assisted in preparing this document, unless the bankruptcy petition preparer is not an individual:
If more than one person prepared this document, attach additional signed s	heets conforming to the appropriate Official Form for each person.
A bankruptcy petition preparer's failure to comply with the provisions of title 11 of 18 U.S.C. § 156.	and the Federal Rules of Bankruptcy Procedure may result in fines or imprisonment or both. 11 U.S.C. § 110;
DECLARATION UNDER PENALTY OF PE	RJURY ON BEHALF OF A CORPORATION OR PARTNERSHIP
partnership of the [como	other officer or an authorized agent of the corporation or a member or an authorized agent of the ration or partnership] named as debtor in this case, declare under penalty of perjury that I have (Total shown on summary page plus I), and that they are true and correct to the best of my
Date	
	Signature:
	[Print or type name of individual signing on behalf of debtor.]
[An individual signing on behalf of a partnership or corporation must	indicate position or relationship to debtor.]
Penalty for making a false statement or concealing property: Fine of u	up to \$500,000 or imprisonment for up to 5 years or both. 18 U.S.C. §§ 152 and 3571.

B 7 (Official Form 7) (12/07)

UNITED STATES BANKRUPTCY COURT

Eastern District of Wisconsin

In re: Mareno Marcellus Rathell	Case No. 09-28319
Debtor	(if known)

STATEMENT OF FINANCIAL AFFAIRS

This statement is to be completed by every debtor. Spouses filing a joint petition may file a single statement on which the information for both spouses is combined. If the case is filed under chapter 12 or chapter 13, a married debtor must furnish information for both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed. An individual debtor engaged in business as a sole proprietor, partner, family farmer, or self-employed professional, should provide the information requested on this statement concerning all such activities as well as the individual's personal affairs. To indicate payments, transfers and the like to minor children, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

Questions 1 - 18 are to be completed by all debtors. Debtors that are or have been in business, as defined below, also must complete Questions 19 - 25. If the answer to an applicable question is "None," mark the box labeled "None." If additional space is needed for the answer to any question, use and attach a separate sheet properly identified with the case name, case number (if known), and the number of the question.

DEFINITIONS

"In business." A debtor is "in business" for the purpose of this form if the debtor is a corporation or partnership. An individual debtor is "in business" for the purpose of this form if the debtor is or has been, within six years immediately preceding the filing of this bankruptcy case, any of the following: an officer, director, managing executive, or owner of 5 percent or more of the voting or equity securities of a corporation; a partner, other than a limited partner, of a partnership; a sole proprietor or self-employed full-time or part-time. An individual debtor also may be "in business" for the purpose of this form if the debtor engages in a trade, business, or other activity, other than as an employee, to supplement income from the debtor's primary employment.

"Insider." The term "insider" includes but is not limited to: relatives of the debtor; general partners of the debtor and their relatives; corporations of which the debtor is an officer, director, or person in control; officers, directors, and any owner of 5 percent or more of the voting or equity securities of a corporate debtor and their relatives; affiliates of the debtor and insiders of such affiliates; any managing agent of the debtor. 11 U.S.C. § 101.

1. Income from employment or operation of business

None

State the gross amount of income the debtor has received from employment, trade, or profession, or from operation of the debtor's business, including part-time activities either as an employee or in independent trade or business, from the beginning of this calendar year to the date this case was commenced. State also the gross amounts received during the **two years** immediately preceding this calendar year. (A debtor that maintains, or has maintained, financial records on the basis of a fiscal rather than a calendar year may report fiscal year income. Identify the beginning and ending dates of the debtor's fiscal year.) If a joint petition is filed, state income for each spouse separately. (Married debtors filing under chapter 12 or chapter 13 must state income of both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

AMOUNT

SOURCE

\$41,167.00

01/01/07 - 12/31/07 \$6565 employment, 01/0108 - 12/31/08 \$34,602 employment, unemployed all of 2009

2. Income other than from employment or operation of business

None

State the amount of income received by the debtor other than from employment, trade, profession, operation of the debtor's business during the two years immediately preceding the commencement of this case. Give particulars. If a joint petition is filed, state income for each spouse separately. (Married debtors filing under chapter 12 or chapter 13 must state income for each spouse whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

AMOUNT

SOURCE

3. Payments to creditors

Complete a. or b., as appropriate, and c.

V

a. Individual or joint debtor(s) with primarily consumer debts: List all payments on loans, installment purchases of goods or services, and other debts to any creditor made within 90 days immediately preceding the commencement of this case unless the aggregate value of all property that constitutes or is affected by such transfer is less than \$600. Indicate with an asterisk (*) any payments that were made to a creditor on account of a domestic support obligation or as part of an alternative repayment schedule under a plan by an approved nonprofit budgeting and credit counseling agency. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR DATES OF

PAYMENTS

AMOUNT PAID

STILL OWING



b. Debtor whose debts are not primarily consumer debts: List each payment or other transfer to any creditor made within 90 days immediately preceding the commencement of the case unless the aggregate value of all property that constitutes or is affected by such transfer is less than \$5,475. If the debtor is an individual, indicate with an asterisk (*) any payments that were made to a creditor on account of a domestic support obligation or as part of an alternative repayment schedule under a plan by an approved nonprofit budgeting and credit counseling agency. (Married debtors filing under chapter 12 or chapter 13 must include payments and other transfers by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR

DATES OF PAYMENTS/ TRANSFERS

AMOUNT PAID OR VALUE OF

AMOUNT STILL OWING

TRANSFERS

None \mathbf{V}

c. All debtors: List all payments made within one year immediately preceding the commencement of this case to or for the benefit of creditors who are or were insiders. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR DATE OF AND RELATIONSHIP TO DEBTOR

PAYMENT

AMOUNT PAID

AMOUNT STILL OWING

4. Suits and administrative proceedings, executions, garnishments and attachments

None

a. List all suits and administrative proceedings to which the debtor is or was a party within one year immediately preceding the filing of this bankruptcy case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

CAPTION OF SUIT AND CASE NUMBER

NATURE OF PROCEEDING

COURT OR AGENCY AND LOCATION

STATUS OR DISPOSITION

None

b. Describe all property that has been attached, garnished or seized under any legal or equitable process within one year immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF PERSON FOR WHOSE BENEFIT PROPERTY WAS SEIZED

DATE OF **SEIZURE**

DESCRIPTION AND VALUE OF PROPERTY

5. Repossessions, foreclosures and returns



List all property that has been repossessed by a creditor, sold at a foreclosure sale, transferred through a deed in lieu of foreclosure or returned to the seller, within one year immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR OR SELLER DATE OF REPOSSESSION, FORECLOSURE SALE. TRANSFER OR RETURN

DESCRIPTION AND VALUE OF PROPERTY

Assignments and receiverships

V

a. Describe any assignment of property for the benefit of creditors made within 120 days immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include any assignment by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF ASSIGNEE

DATE OF ASSIGNMENT TERMS OF ASSIGNMENT OR SETTLEMENT

None

b. List all property which has been in the hands of a custodian, receiver, or court-appointed official within one year immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CUSTODIAN

NAME AND LOCATION OF COURT CASE TITLE & NUMBER

DATE OF ORDER

DESCRIPTION AND VALUE Of PROPERTY

7. Gifts



List all gifts or charitable contributions made within one year immediately preceding the commencement of this case except ordinary and usual gifts to family members aggregating less than \$200 in value per individual family member and charitable contributions aggregating less than \$100 per recipient. (Married debtors filing under chapter 12 or chapter 13 must include gifts or contributions by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF PERSON OR ORGANIZATION

RELATIONSHIP TO DEBTOR, IF ANY

DATE OF GIFT DESCRIPTION AND VALUE OF GIFT

8. Losses



List all losses from fire, theft, other casualty or gambling within one year immediately preceding the commencement of this case or since the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include losses by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

DESCRIPTION AND VALUE OF PROPERTY

DESCRIPTION OF CIRCUMSTANCES AND, IF LOSS WAS COVERED IN WHOLE OR IN PART BY INSURANCE, GIVE PARTICULARS

DATE OF LOSS

9. Payments related to debt counseling or bankruptcy

List all payments made or property transferred by or on behalf of the debtor to any persons, including attorneys, for None consultation concerning debt consolidation, relief under the bankruptcy law or preparation of a petition in bankruptcy within one year immediately preceding the commencement of this case.

NAME AND ADDRESS

OF PAYEE

DATE OF PAYMENT, NAME OF PAYER IF OTHER THAN DEBTOR AMOUNT OF MONEY OR DESCRIPTION AND VALUE OF PROPERTY

Cricket Debt Counseling Clackamas, Oregon

06/08/2009

\$36.00

10. Other transfers

None

a. List all other property, other than property transferred in the ordinary course of the business or financial affairs of the debtor, transferred either absolutely or as security within two years immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include transfers by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF TRANSFEREE,

RELATIONSHIP TO DEBTOR

DESCRIBE PROPERTY

TRANSFERRED AND

DATE

VALUE RECEIVED

 \checkmark

b. List all property transferred by the debtor within ten years immediately preceding the commencement of this case to a self-settled trust or similar device of which the debtor is a beneficiary.

NAME OF TRUST OR OTHER

DEVICE

DATE(S) OF TRANSFER(S) AMOUNT OF MONEY OR DESCRIPTION AND VALUE OF PROPERTY OR DEBTOR'S

INTEREST IN PROPERTY

11. Closed financial accounts

List all financial accounts and instruments held in the name of the debtor or for the benefit of the debtor which were closed, sold, or otherwise transferred within one year immediately preceding the commencement of this case. Include checking, savings, or other financial accounts, certificates of deposit, or other instruments; shares and share accounts held in banks, credit unions, pension funds, cooperatives, associations, brokerage houses and other financial institutions. (Married debtors filing under chapter 12 or chapter 13 must include information concerning accounts or instruments held by or for either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF INSTITUTION

TYPE OF ACCOUNT, LAST FOUR DIGITS OF ACCOUNT NUMBER, AND AMOUNT OF FINAL BALANCE AMOUNT AND DATE OF SALE OR CLOSING

TCF Bank

7932 N 76TH STREET, 53223

Checking 9827 / \$25.00 \$25.00 - 05/20/09

12. Safe deposit boxes

None V

List each safe deposit or other box or depository in which the debtor has or had securities, cash, or other valuables within one year immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include boxes or depositories of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS

OF BANK OR OTHER DEPOSITORY NAMES AND ADDRESSES OF THOSE WITH ACCESS

TO BOX OR DEPOSITORY

OF CONTENTS

DESCRIPTION DATE OF TRANSFER OR SURRENDER,

IF ANY

13. Setoffs



List all setoffs made by any creditor, including a bank, against a debt or deposit of the debtor within 90 days preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR

DATE OF

AMOUNT OF SETOFF

SETOFF

14. Property held for another person



List all property owned by another person that the debtor holds or controls.

NAME AND ADDRESS

OF OWNER

DESCRIPTION AND VALUE OF PROPERTY

LOCATION OF PROPERTY

15. Prior address of debtor

None

If debtor has moved within three years immediately preceding the commencement of this case, list all premises which the debtor occupied during that period and vacated prior to the commencement of this case. If a joint petition is filed, report also any separate address of either spouse.

ADDRESS

NAME USED

DATES OF OCCUPANCY

ChangPing District,Xin Long apt,bldg

6, unit 2, apt 102, Beijing, China

Mareno Rathell

01/01/09 - 05/30/09

Qing He, An Ning Zhuang Xi Lu 15 Hao, Haidian District, Beijing, China Mareno Rathell

01/01/07 - 01/01/09

16. Spouses and Former Spouses

None

If the debtor resides or resided in a community property state, commonwealth, or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) within eight years immediately preceding the commencement of the case, identify the name of the debtor's spouse and of any former spouse who resides or resided with the debtor in the community property state.

NAME

Shira Davida Goldberg

17. Environmental Information.

For the purpose of this question, the following definitions apply:

"Environmental Law" means any federal, state, or local statute or regulation regulating pollution, contamination, releases of hazardous or toxic substances, wastes or material into the air, land, soil, surface water, groundwater, or other medium, including, but not limited to, statutes or regulations regulating the cleanup of these substances, wastes, or material.

"Site" means any location, facility, or property as defined under any Environmental Law, whether or not presently or formerly owned or operated by the debtor, including, but not limited to, disposal sites.

"Hazardous Material" means anything defined as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, or contaminant or similar term under an Environmental Law.

None

a. List the name and address of every site for which the debtor has received notice in writing by a governmental unit that it may be liable or potentially liable under or in violation of an Environmental Law. Indicate the governmental unit, the date of the notice, and, if known, the Environmental Law:

SITE NAME AND ADDRESS NAME AND ADDRESS OF GOVERNMENTAL UNIT DATE OF

ENVIRONMENTAL

NOTICE LAW

Nope

b. List the name and address of every site for which the debtor provided notice to a governmental unit of a release of Hazardous Material. Indicate the governmental unit to which the notice was sent and the date of the notice.

SITE NAME

NAME AND ADDRESS

DATE OF

ENVIRONMENTAL

AND ADDRESS

OF GOVERNMENTAL UNIT

NOTICE

LAW

None

c. List all judicial or administrative proceedings, including settlements or orders, under any Environmental Law with respect to which the debtor is or was a party. Indicate the name and address of the governmental unit that is or was a party to the proceeding, and the docket number.

NAME AND ADDRESS OF GOVERNMENTAL UNIT DOCKET NUMBER

STATUS OR DISPOSITION

18. Nature, location and name of business

None

a. If the debtor is an individual, list the names, addresses, taxpayer-identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was an officer, director, partner, or managing

executive of a corporation, partner in a partnership, sole proprietor, or was self-employed in a trade, profession, or other activity either full- or part-time within six years immediately preceding the commencement of this case, or in which the debtor owned 5 percent or more of the voting or equity securities within six years immediately preceding the commencement of this case.

If the debtor is a partnership, list the names, addresses, taxpayer-identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities, within six years immediately preceding the commencement of this case.

If the debtor is a corporation, list the names, addresses, taxpayer-identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities within six years immediately preceding the commencement of this case.

> LAST FOUR DIGITS OF SOCIAL-SECURITY

ADDRESS NATURE OF BUSINESS ENDING DATES

BEGINNING AND

NAME

OR OTHER INDIVIDUAL TAXPAYER-I.D. NO. (ITIN)/ COMPLETE EIN

None

b. Identify any business listed in response to subdivision a., above, that is "single asset real estate" as defined in 11 U.S.C. § 101.

NAME

ADDRESS

The following questions are to be completed by every debtor that is a corporation or partnership and by any individual debtor who is or has been, within six years immediately preceding the commencement of this case, any of the following: an officer, director, managing executive, or owner of more than 5 percent of the voting or equity securities of a corporation; a partner, other than a limited partner, of a partnership, a sole proprietor, or self-employed in a trade, profession, or other activity, either full- or part-time.

(An individual or joint debtor should complete this portion of the statement only if the debtor is or has been in business, as defined above, within six years immediately preceding the commencement of this case. A debtor who has not been in business within those six years should go directly to the signature page.)

19. Books, records and financial statements

V

a. List all bookkeepers and accountants who within two years immediately preceding the filing of this bankruptcy case kept or supervised the keeping of books of account and records of the debtor.

NAME AND ADDRESS

DATES SERVICES RENDERED

None

b. List all firms or individuals who within two years immediately preceding the filing of this bankruptcy case have audited the books of account and records, or prepared a financial statement of the debtor.

NAME

ADDRESS

DATES SERVICES RENDERED

None	c. List all firms or individuals who a books of account and records of the o	t the time of the commencement of the testor. If any of the books of account	this case were in possession of the and records are not available, explain.
	NAME		ADDRESS
None			reantile and trade agencies, to whom a ly preceding the commencement of this ca DATE ISSUED
	20. Inventories	****	
None	a. List the dates of the last two invertaking of each inventory, and the dol		
	DATE OF INVENTORY	INVENTORY SUPERVISOR	DOLLAR AMOUNT OF INVENTORY (Specify cost, market or other basis)
None	b. List the name and address of the p in a., above.	person having possession of the record	rds of each of the inventories reported
	DATE OF INVENTORY		NAME AND ADDRESSES OF CUSTODIAN OF INVENTORY RECORDS
	21 . Current Partners, Officers, Di	rectors and Shareholders	
None	 a. If the debtor is a partnership, partnership. 	list the nature and percentage of par	tnership interest of each member of the
	NAME AND ADDRESS	NATURE OF INTEREST	PERCENTAGE OF INTEREST
None	 b. If the debtor is a corporation directly or indirectly owns, controlled to corporation. 	n, list all officers and directors of th rols, or holds 5 percent or more of th	e corporation, and each stockholder who e voting or equity securities of the
	NAME AND ADDRESS	TITLE	NATURE AND PERCENTAGE OF STOCK OWNERSHIP

22.	Former	partners,	officers,	directors	and	sharehold	ers
-----	--------	-----------	-----------	-----------	-----	-----------	-----

None

a. If the debtor is a partnership, list each member who withdrew from the partnership within one year immediately preceding the commencement of this case.

NAME

ADDRESS

DATE OF WITHDRAWAL

None

b. If the debtor is a corporation, list all officers or directors whose relationship with the corporation terminated within **one year** immediately preceding the commencement of this case.

NAME AND ADDRESS

TITLE

DATE OF TERMINATION

23. Withdrawals from a partnership or distributions by a corporation

None

If the debtor is a partnership or corporation, list all withdrawals or distributions credited or given to an insider, including compensation in any form, bomises, loans, stock redemptions, options exercised and any other perquisite during **one year** immediately preceding the commencement of this case.

NAME & ADDRESS OF RECIPIENT, RELATIONSHIP TO DEBTOR

DATE AND PURPOSE OF WITHDRAWAL AMOUNT OF MONEY OR DESCRIPTION AND VALUE OF PROPERTY

24. Tax Consolidation Group.

None

If the debtor is a corporation, list the name and federal taxpayer-identification number of the parent corporation of any consolidated group for tax purposes of which the debtor has been a member at any time within six years immediately preceding the commencement of the case.

NAME OF PARENT CORPORATION

TAXPAYER-IDENTIFICATION NUMBER (EIN)

25. Pension Funds.

None

If the debtor is not an individual, list the name and federal taxpayer-identification number of any pension fund to which the debtor, as an employer, has been responsible for contributing at any time within **six years** immediately preceding the commencement of the case.

NAME OF PENSION FUND

TAXPAYER-IDENTIFICATION NUMBER (EIN)

* * * * * *

I decl and a	are under penalty ny attachments the	of perjury that I creto and that th	have read the	answers contained i	in the foregoing statement of financial affairs
Date	Jun	e 18,2	009	Signature of Debtor	Man 16
Date	***************************************	***************************************		Signature of Joint Debtor (if any)	
I declar		rjury that I have re	ad the answers co	ontained in the foregoing edge, information and b	g statement of financial affairs and any attachments elief.
Date				Signature	
	,			Print Name and Title	
	(An individual sig	ning on behalf of a	partnership or co	orporation must indicate	position or relationship to debtor.]
DECL I declare under p compensation and 342(b); and, (3) if	ARATION AND SIG enalty of perjury that have provided the del rules or guidelines ha I have given the debte	GNATURE OF NO (1) I am a bankru otor with a copy of ve been promulgate	ON-ATTORNEY ptcy petition preptitis document are	BANKRUPTCY PET parer as defined in 11 U. dd the notices and inform U.S.C. 8 110(h) setting	TTION PREPARER (See 11 U.S.C. § 110) S.C. § 110; (2) I prepared this document for nation required under 11 U.S.C. § 110(b), 110(h), and a maximum fee for services chargeable by bankruptcy ment for filing for a debtor or accepting any fee from
Printed or Typed	Name and Title, if an	y, of Bankruptcy P	ctition Preparer	Social-Securi	ty No. (Required by 11 U.S.C. § 110.)
If the bankruptcy po responsible person,	etition preparer is not or partner who signs	t an individual, stai s this document.	te the name, title	(if any), address, and soc	cial-security number of the officer, principal,
Address					
Signature of Bank	cruptcy Petition Preparent	arcr		Date	
Names and Social-S not an individual:	Security numbers of a	ll other individuals	who prepared or	assisted in preparing thi	is document unless the bankruptcy petition preparer is
If more than one po	rson prepared this do	cument, attach add	itional signed she	ets conforming to the ap	propriate Official Form for each person
A bankruptcy peti fines or imprison,	tion preparer's failt nent or both. 18 U.	ire to comply with S.C. § 156.	the provisions	of title 11 and the Fed	leral Rules of Bankruptcy Procedure may result in

[If completed by an individual or individual and spouse]

B 8 (Official Form 8) (12/08)

UNITED STATES BANKRUPTCY COURT

In re RATHELL MARKENO

Case No. 69-28317

CHAPTER 7 INDIVIDUAL DEBTOR'S STATEMENT OF INTENTION

PART A – Debts secured by property of the estate. (Part A must be fully completed for **EACH** debt which is secured by property of the estate. Attach additional pages if necessary.)

Property No. 1	
Creditor's Name:	Describe Property Securing Debt:
FORD MOTOR CREDIT	1997 FOLD EXPEDITION
Property will be (check one): Surrendered Retained	
If retaining the property, I intend to (check at least one): Redeem the property Reaffirm the debt	
☐ Other. Explain using 11 U.S.C. § 522(f)).	(for example, avoid lien
Property is (check one): ☐ Claimed as exempt	Not claimed as exempt
Property No. 2 (if necessary)	
Creditor's Name:	Describe Property Securing Debt:
Property will be (check one): Surrendered Retained	
If retaining the property, I intend to (check at least one): Redeem the property Reaffirm the debt Other. Explain	(for example, avoid lien
using 11 U.S.C. § 522(f)).	• •
Property is (check one):	
☐ Claimed as exempt	Not claimed as exempt

PART B – Personal property subject to unexpired leases. (All three columns of Part B must be completed for each unexpired lease. Attach additional pages if necessary.)

Property No. 1		
Lessor's Name:	Describe Leased Property:	Lease will be Assumed pursuant to 11 U.S.C. § 365(p)(2): ☐ YES ☐ NO
Property No. 2 (if necessary)		
Lessor's Name:	Describe Leased Property:	Lease will be Assumed pursuant to 11 U.S.C. § 365(p)(2): ☐ YES ☐ NO
Property No. 3 (if necessary)		
Lessor's Name:	Describe Leased Property:	Lease will be Assumed pursuant to 11 U.S.C. § 365(p)(2): ☐ YES ☐ NO
continuation sheets attac	ched (if any)	
	perjury that the above indicates my in personal property subject to an unexp	
Date: June 18,200	Signature of Debtor	
	Signature of Joint Debtor	

In re Mareno Marcellus Rathell Debtor(s)	According to the information required to be entered on this statement (check one box as directed in Part I, III, or VI of this statement):
Case Number: 09-28319 (If known)	☐ The presumption arises. ☑ The presumption does not arise. ☐ The presumption is temporarily inapplicable.

CHAPTER 7 STATEMENT OF CURRENT MONTHLY INCOME AND MEANS-TEST CALCULATION

In addition to Schedules I and J, this statement must be completed by every individual chapter 7 debtor, whether or not filing jointly. Unless the exclusion in Line 1C applies, joint debtors may complete a single statement. If the exclusion in Line 1C applies, each joint filer must complete a separate statement.

	Part I. MILITARY AND NON-CONSUMER DEBTORS
1A	Disabled Veterans. If you are a disabled veteran described in the Declaration in this Part IA, (1) check the box at the beginning of the Declaration, (2) check the box for "The presumption does not arise" at the top of this statement, and (3) complete the verification in Part VIII. Do not complete any of the remaining parts of this statement.
	Declaration of Disabled Veteran. By checking this box, I declare under penalty of perjury that I am a disabled veteran (as defined in 38 U.S.C. § 3741(1)) whose indebtedness occurred primarily during a period in which I was on active duty (as defined in 10 U.S.C. § 101(d)(1)) or while I was performing a homeland defense activity (as defined in 32 U.S.C. §901(1)).
1B	Non-consumer Debtors. If your debts are not primarily consumer debts, check the box below and complete the verification in Part VIII. Do not complete any of the remaining parts of this statement.
***************************************	Declaration of non-consumer debts. By checking this box, I declare that my debts are not primarily consumer debts.
1C	Reservists and National Guard Members; active duty or homeland defense activity. Members of a reserve component of the Armed Forces and members of the National Guard who were called to active duty (as defined in 10 U.S.C. § 101(d)(1)) after September 11, 2001, for a period of at least 90 days, or who have performed homeland defense activity (as defined in 32 U.S.C. § 901(1)) for a period of at least 90 days, are excluded from all forms of means testing during the time of active duty or homeland defense activity and for 540 days thereafter (the "exclusion period"). If you qualify for this temporary exclusion, (1) check the appropriate boxes and complete any required information in the Declaration of Reservists and National Guard Members below. (2) check the box for "The presumption is temporarily inapplicable" at the top of this statement, and (3) complete the verification in Part VIII. During your exclusion period you are not required to complete the balance of this form, but you must complete the form no later than 14 days after the date on which your exclusion period ends, unless the time for filing a motion raising the means test presumption expires in your case before your exclusion period ends. Declaration of Reservists and National Guard Members. By checking this box and making the appropriate entries below, I declare that I am eligible for a temporary exclusion from means testing because, as a member of a reserve component of the Armed Forces or the National Guard
	a. I was called to active duty after September 11, 2001, for a period of at least 90 days and

	Part II. CALCULATION OF MONTHLY INCOME FOR § 707(b)(7) EXCLUSION					
2	Complete only Column A ("Debtor's Income") for Lines 3-11.				debtor declar law or my sp the Bankrupto	res under louse and I by Code."
	d. □ 2	Married, not filing jointly, without the declaration olumn A ("Debtor's Income") and Column B ("Married, filing jointly. Complete both Column Aines 3-11.	"Spouse's Income") for Lines 3-11	•		
	the six month	ures must reflect average monthly income receive calendar months prior to filing the bankruptcy ca before the filing. If the amount of monthly incon livide the six-month total by six, and enter the resu	se, ending on the last day of the ne varied during the six months, you		Column A Debtor's Income	Column B Spouse's Income
3	Gross	wages, salary, tips, bonuses, overtime, commis	sions.	\$	0.00	\$
4	and en busine Do not	ter the difference in the appropriate column(s) of ss, profession or farm, enter aggregate numbers and enter a number less than zero. Do not include a d on Line b as a deduction in Part V.	Line 4. If you operate more than one of provide details on an attachment.			
	a.	Gross receipts	\$ 0.00			
	b.	Ordinary and necessary business expenses	\$ 0.00			
	c.	Business income	Subtract Line b from Line a	s	0.00	S
	in the a	and other real property income. Subtract Line by appropriate column(s) of Line 5. Do not enter a nurt of the operating expenses entered on Line b	umber less than zero. Do not includ	e le		
5	a.	Gross receipts	\$ 0.00			
	b.	Ordinary and necessary operating expenses	\$ 0.00			
	c.	Rent and other real property income	Subtract Line b from Line a	s	0.00	S
6	Intere	st, dividends and royalties.		s	0.00	S
7	Pensio	n and retirement income.		\$	0.00	\$
8	Any amounts paid by another person or entity, on a regular basis, for the household expenses of the debtor or the debtor's dependents, including child support paid for that purpose. Do not include alimony or separate maintenance payments or amounts paid by your spouse if Column B is completed.				0.00	S
9	Howev was a b Colum	ployment compensation. Enter the amount in the rer, if you contend that unemployment compensation enefit under the Social Security Act, do not list then A or B, but instead state the amount in the space ployment compensation claimed to enefit under the Social Security Act Debtor \$	\$	0.00	\$	

322A (Off	ficial Form 22A) (Chapter 7) (12/08)			.3		
10	Income from all other sources. Specify source and amount. If necessources on a separate page. Do not include alimony or separate mapaid by your spouse if Column B is completed, but include all of alimony or separate maintenance. Do not include any benefits recessecurity Act or payments received as a victim of a war crime, crime victim of international or domestic terrorism.	aintenance payments her payments of eived under the Social				
	a. b.	\$ 0.00				
	Total and enter on Line 10	\$ 0.00	\$ 0.00	\$		
11	Subtotal of Current Monthly Income for § 707(b)(7). Add Lines 3 thru 10 in Column A, and, if Column B is completed, add Lines 3 through 10 in Column B. Enter the total(s).			S		
Total Current Monthly Income for § 707(b)(7). If Column B has been completed, add Line 11, Column A to Line 11, Column B, and enter the total. If Column B has not been completed, enter the amount from Line 11, Column A. \$				0.00		
	Part III. APPLICATION OF § 707(1	b)(7) EXCLUSION				
13	Annualized Current Monthly Income for § 707(b)(7). Multiply the 12 and enter the result.	he amount from Line 12 b	y the number	\$ 0.00		
14	Applicable median family income. Enter the median family income size. (This information is available by family size at bankruptcy court.)	e for the applicable state a or from the clerk of		77,760		
	a. Enter debtor's state of residence: WI b. Enter deb	otor's household size:	4_	\$ 74 ,8 85.0 0		
	Application of Section 707(b)(7). Check the applicable box and proceed as directed.					
15	The amount on Line 13 is less than or equal to the amount on Line 14. Check the box for "The presumption does not arise" at the top of page 1 of this statement, and complete Part VIII; do not complete Parts IV, V, VI or VII.					
	The amount on Line 13 is more than the amount on Line 14	Complete the remaining r	arte of this eta	tamant		

Complete Parts IV. V. VI. and VII of this statement only if required. (See Line 15.)

	Pa	rt IV. CALCULATION	OF CURRENT MONTHLY INCOME FOR § 707	7(b)(2)		
16	Enter t	he amount from Line 12.		S	ø .00	
17	Line 11 debtor's paymen depende	. Column B that was NOT paids dependents. Specify in the linut of the spouse's tax liability or	the box at Line 2.c, enter on Line 17 the total of any income lister on a regular basis for the household expenses of the debtor or the es below the basis for excluding the Column B income (such as the spouse's support of persons other than the debtor or the debt devoted to each purpose. If necessary, list additional adjustment pox at Line 2.c, enter zero.	he otor's		
	a.		S			
	b.		S			
	c.		S			
	Total and enter on Line 17.					
18	Curren	t monthly income for § 707(b	(2). Subtract Line 17 from Line 16 and enter the result.	S	0.00	
		Part V. CALCUI	LATION OF DEDUCTIONS FROM INCOME			
	9	Subpart A: Deductions u	under Standards of the Internal Revenue Service (I	RS)		
National Standards: food, clothing and other items. Enter in Line 19A the "Total" amount from IRS National Standards for Food, Clothing and Other Items for the applicable household size. (This information is available at or from the clerk of the bankruptcy court.)					1,370.00	

22A (U	miciai For	m 22A) (Chapter 7) (12/08)										
19B	of-Poc of-Poc your h housel the nu under of member	hal Standards: health care. Ento ket Health Care for persons unde ket Health Care for persons 65 y or from the clerk of ousehold who are under 65 years hold who are 65 years of age or of mber stated in Line 14b.) Multip 65, and enter the result in Line clers ers 65 and older, and enter the result, and enter the result in Line 191	er 65 years of age or old fithe bankruptcy of age, and entolder. (The totally Line all by Line sult in Line c2.	te, and lder. (I y court er in L number ine b1 e a2 by	in Line a2 the his information of the information.) Enter in I include the number of househoto obtain a to Line b2 to o	the IRS National Stantion is available at Line b1 the number of members of the must be otto amount for house obtain a total amount	of members of of your be the same as usehold members of to household					
	Hous	sehold members under 65 years	of age	Hous	ehold mem	bers 65 years of age	e or older	ł				
	a1.	Allowance per member	60.00	a2.	Allowance	per member						
	b1.	Number of members	4	b2.	Number of	members						
	c1.	Subtotal	240.00	c2.	Subtotal		0.00	19	5 2	40.00		
20A	Utilitie	Standards: housing and utilities es Standards; non-mortgage expe lable at or fr	s; non-mortga nses for the app om the clerk of	licable	county and	household size. (Th	RS Housing an is information		5			
20B	IRS Ho inform total of	Standards: housing and utilities ousing and Utilities Standards; mation is available at fithe Average Monthly Payments from Line a and enter the result IRS Housing and Utilities Stan Average Monthly Payment for if any, as stated in Line 42	ortgage/rent exp or from for any debts so in Line 20B. D o dards; mortgage	pense f the cle ecured o not e rental	or your counerk of the bar by your hon nter an amo	nty and household six nkruptcy court); entended in Line (ze (this er on Line b th 42: subtract					
	c.	Net mortgage/rental expense				Subtract Line b fro	m Line a.	9	1,5	58.00		
21	and 20 Utilitie	Standards: housing and utilitie B does not accurately compute the Standards, enter any additional contention in the space below:	ne allowance to	which	you are entit	tled under the IRS H	ousing and	r		0.00		
22A	an expore regardle Check are included If you of Transport	Standards: transportation; vehense allowance in this category reess of whether you use public trathe number of vehicles for which luded as a contribution to your hold 1 2 or more. Checked 0, enter on Line 22A the ortation. If you checked 1 or 2 or contains.	egardless of who insportation. I you pay the op- ousehold expens "Public Transport more, enter on	erating ses in I	expenses of time 8. "amount fi	xpenses of operating r for which the opera rom IRS Local Stand erating Costs" amou	a vehicle and ating expenses lards: ant from IRS					
	Statisti the ban	Standards: Transportation for the cal Area or Census Region. (The kruptcy court.)	se amounts are	availab ———	le at	or fron	n the clerk of	S	48	89.00		
22B	additional amount	Standards: transportation; add es for a vehicle and also use publ nal deduction for your public tran t from IRS Local Standards: Tran the of the bankruptcy court.)	lic transportation	n, and j enses, e	you contend enter on Line	that you are entitled 22B the "Public Tra	to an	5		73.00		

Local Standards: transportation ownership/lease expense; Vehicle 2. Complete this Line only if you checked the "2 or more" Box in Line 23. Enter, in Line a below, the "Ownership Costs" for "One Car" from the IRS Local Standards: Transportation (available at or from the clerk of the bankruptey court); enter in Line b the total of the Average Monthly Payments for any debts secured by Vehicle 2, as stated in Line 42: subtract Line b from Line a and enter the result in Line 24. Do not enter an amount less than zero. a. IRS Transportation Standards, Ownership Costs b. Average Monthly Payment for any debts secured by Vehicle 2. as stated in Line 42 c. Net ownership lease expense for Vehicle 2 Subtract Line b from Line a. Other Necessary Expenses: taxes. Enter the total average monthly expense that you actually incur for all federal, state and local taxes, other than real estate and sales taxes, such as income taxes, self-employment taxes, social-security taxes, and Medicare taxes. Do not include real estate or sales taxes. Other Necessary Expenses: involuntary deductions for employment. Enter the total average monthly pay for term life insurance for yourself. Do not include premiums for insurance on your dependents, for whole life or for any other form of insurance. Other Necessary Expenses: life insurance. Enter total average monthly premiums that you actually pay for term life insurance for yourself. Do not include premiums for insurance on your dependents, for whole life or for any other form of insurance. Other Necessary Expenses: court-ordered payments. Enter the total monthly amount that you actually payments. Do not include payments on past due obligations included in Line 44. Other Necessary Expenses: clucation for employment or for a physically or mentally challenged child. Enter the total average monthly amount that you actually expend on childcare—such as baby-sitting, day care, nursery and preschool. Do not include other educational payments. Other Necessary Expenses: childcare. Enter the tota	ch you claim an ownership/lease expense. (You may not claim an ownership/lease expense for more than vehicles.) 2 or more. x, in Line a below, the "Ownership Costs" for "One Car" from the IRS Local Standards: Transportation ilable at or from the clerk of the bankruptcy court); enter in Line b the total of the	
Enter, in Line a below, the "Ownership Costs" for "One Car" from the IRS Local Standards: Transportation available at a very and Monthly Payments for any debts secured by Vehicle 1. as stated in Line 42; subtract Line b from Line a and enter the result in Line 23. Do not enter an amount less than zero. a. IRS Transportation Standards. Ownership Costs \$ 489.00 b. Average Monthly Payment for any debts secured by Vehicle 1. sastated in Line 42; subtract Line b from Line a. S that of the Line 42 or more "Box in Line 23. Do not enter an amount less than zero. Local Standards: transportation ownership/lense expense; Vehicle 2. Complete this Line only if you checked the "2 or more" Box in Line 23. Enter, in Line a below, the "Ownership Costs" for "One Car" from the IRS Local Standards: Transportation cavailable at or from the clerk of the bankruptey court; enter in Line b the total of the Average Monthly Payments for any debts secured by Vehicle 2. as stated in Line 42; subtract Line b from Line a and enter the result in Line 24. Do not enter an amount less than zero. a. IRS Transportation Standards. Ownership Costs 5 b. Average Monthly Payment for any debts secured by Vehicle 2. c. Net ownership lease expense for Vehicle 2 deductions that are required for your employment. Enter the total average monthly payment laws, so child support payment in the clerk of the control of the very control deductions that are required for your employment. Such as voluntary 401(4); contributions. Cother Necessary Expenses: life insurance. Enter total average monthly amount that you are required to pay pursuant to the order of a court or administrative agency, such as spoused or child support payments. Do not include payments on past due obligations included in Line 44. Other Necessary Expenses: clust	r, in Line a below, the "Ownership Costs" for "One Car" from the IRS Local Standards: Transportation ilable at or from the clerk of the bankruptcy court); enter in Line b the total of the	
b. Average Monthly Payment for any debts secured by Vehicle 1. c. Net ownership/lease expense for Vehicle 1 Local Standards: transportation ownership/lease expense; Vehicle 2. Complete this Line only if you checked the "2 or more" Box in Line 23. Enter, in Line a below, the "Ownership/Costs" for "One Car" from the IRS Local Standards: Transportation (available at or from the clerk of the bankruptcy court): enter in Line b the total of the Average Monthly Payments for any debts secured by Vehicle 2, as stated in Line 42; subtract Line b from Line a and enter the result in Line 24. Do not enter an amount less than zero. a. IRS Transportation Standards. Ownership Costs b. Average Monthly Payment for any debts secured by Vehicle 2. as stated in Line 42 c. Net ownership/lease expense for Vehicle 2 state and local taxes ofter than real estate and sales taxes, such as income taxes, self-employment taxes, social-security taxes, and Medicare taxes. Do not include real estate or sales taxes. Other Necessary Expenses: involuntary deductions for employment. Enter the total average monthly apayroll deductions that are required for your employment, such as retirement contributions. Other Necessary Expenses: life insurance. Enter total average monthly premiums that you actually pay for term life insurance for yourself. Do not include premiums for insurance on your dependents, for whole life or for any other form of insurance. Other Necessary Expenses: education for employments. Enter the total monthly amount that you are required to pay pursuant to the order of a court or administrative agency, such as spousal or child support payments. Do not include payments on past due obligations included in Line 44. Other Necessary Expenses: education for employment or for a physically or mentally challenged child. Enter the total average monthly amount that you actually expend on childcare—such as baby-sitting, day care, nursery and preschool. Do not include other educational payments. Other Necessary Expenses: health care.	rage Monthly Payments for any debts secured by Vehicle 1, as stated in Line 42; subtract Line b from a and enter the result in Line 23. Do not enter an amount less than zero.	
as stated in Line 42 S	IRS Transportation Standards, Ownership Costs S 489.00	
Local Standards: transportation ownership/lease expense; Vehicle 2. Complete this Line only if you checked the "2 or more" Box in Line 23. Enter, in Line a below, the "Ownership Costs" for "One Car" from the IRS Local Standards: Transportation (available at or from the clerk of the bankruptey court); enter in Line b the total of the Average Monthly Payments for any debts secured by Vehicle 2. as stated in Line 42; subtract Line b from Line a and enter the result in Line 24. Do not enter an amount less than zero. a. IRS Transportation Standards, Ownership Costs b. Average Monthly Payment for any debts secured by Vehicle 2. as stated in Line 42 c. Net ownership lease expense for Vehicle 2 Subtract Line b from Line a. Other Necessary Expenses: taxes, Enter the total average monthly expense that you actually incur for all federal, state and local taxes, other than real estate and sales taxes, such as income taxes, self-employment taxes, social-security taxes, and Medicare taxes, Do not include real estate or sales taxes. Other Necessary Expenses: involuntary deductions for employment. Enter the total average monthly payroll deductions that are required for your employment, such as retirement contributions, union dues, and uniform costs. Do not include discretionary amounts, such as voluntary 401(k) contributions. Other Necessary Expenses: life insurance. Enter total average monthly premiums that you actually pay for term life insurance for yourself. Do not include premiums for insurance on your dependents, for whole life or for any other form of insurance. Other Necessary Expenses: culturely of a court or administrative agency, such as spousal or child support payments. Do not include payments on past due obligations included in Line 44. Other Necessary Expenses: culturely of a physically or mentally challenged child. Enter the total average monthly amount that you actually expend on childcare—such as baby-sitting, day care, nursery and preschool. Do not include other educational payments. Other Necessar	1	
Local Standards: transportation ownership/lease expense; Vehicle 2. Complete this Line only if you checked the "2 or more" Box in Line 23. Enter, in Line a below, the "Ownership Costs" for "One Car" from the IRS Local Standards: Transportation (available at or from the clerk of the bankruptey court); enter in Line b the total of the Average Monthly Payments for any debts secured by Vehicle 2, as stated in Line 42; subtract Line b from Line a and enter the result in Line 24. Do not enter an amount less than zero. a. IRS Transportation Standards, Ownership Costs b. Average Monthly Payment for any debts secured by Vehicle 2, as stated in Line 42. c. Net ownership/lease expense for Vehicle 2 subtract Line b from Line a. Other Necessary Expenses: taxes. Enter the total average monthly expense that you actually incur for all federal, state and local taxes, other than real estate and sales taxes, such as income taxes, self-employment taxes, social-security taxes, and Medicare taxes. Do not include real estate or sales taxes. Other Necessary Expenses: involuntary deductions for employment. Enter the total average monthly pay for term life insurance for yourself. Do not include premiums for insurance any our dependents, for whole life or for any other form of insurance. Other Necessary Expenses: life insurance. Enter total average monthly premiums that you actually pay for term life insurance for yourself. Do not include premiums for insurance on your dependents, for whole life or for any other form of insurance. Other Necessary Expenses: court-ordered payments. Enter the total monthly amount that you are required to pay pursuant to the order of a court or administrative agency, such as spousal or child support payments. Do not include payments on past due obligations included in Line 44. Other Necessary Expenses: cluation for employment or for a physically or mentally challenged child. Enter the total average monthly amount that you actually expend on childcare—such as baby-sitting, day care, nursery and pre	Net ownership/lease expense for Vehicle 1 Subtract Line b from Line a. S	489.00
[available at or from the clerk of the bankruptey court); enter in Line b the total of the Average Monthly Payments for any debts secured by Vehicle 2, as stated in Line 42; subtract Line b from Line a and enter the result in Line 24. Do not enter an amount less than zero. [a. IRS Transportation Standards, Ownership Costs] [b. Average Monthly Payment for any debts secured by Vehicle 2. as stated in Line 42] [c. Net ownership lease expense for Vehicle 2] [d. Net ownership lease expense for Vehicle 2] [d. Net Necessary Expenses: taxes. Enter the total average monthly expense that you actually incur for all federal, state and local taxes, other than real estate and sales taxes, such as income taxes, self-employment taxes, social-security taxes, and Medicare taxes. Do not include real estate or sales taxes. [d. Other Necessary Expenses: involuntary deductions for employment. Enter the total average monthly payroll deductions that are required for your employment, such as retirement contributions. union dues, and uniform costs. Do not include discretionary amounts, such as voluntary 401(k) contributions. [d. Other Necessary Expenses: life insurance. Enter total average monthly premiums that you actually pay for term life insurance for yourself. Do not include premiums for insurance on your dependents, for whole life or for any other form of insurance. [d. Other Necessary Expenses: curt-ordered payments. Enter the total monthly amount that you are required to pay pursuant to the order of a court or administrative agency, such as spousal or child support payments. Do not include payments on past due obligations included in Line 44. [d. Other Necessary Expenses: education for employment or for a physically or mentally challenged child. Enter the total average monthly amount that you actually expend on childcare—such as baby-sitting, day care, nursery and preschool. Do not include other educational payments. [d. Other Necessary Expenses: health care. Enter the total average monthly amount that you actually exp	al Standards: transportation ownership/lease expense; Vehicle 2. Complete this Line only if you ked the "2 or more" Box in Line 23.	
b. Average Monthly Payment for any debts secured by Vehicle 2. as stated in Line 42 c. Net ownership lease expense for Vehicle 2 Subtract Line b from Line a. Other Necessary Expenses: taxes. Enter the total average monthly expense that you actually incur for all federal, state and local taxes, other than real estate and sales taxes, such as income taxes, self-employment taxes, social-security taxes, and Medicare taxes. Do not include real estate or sales taxes. Other Necessary Expenses: involuntary deductions for employment. Enter the total average monthly payroll deductions that are required for your employment, such as retirement contributions, union dues, and uniform costs. Do not include discretionary amounts, such as voluntary 401(k) contributions. Other Necessary Expenses: life insurance. Enter total average monthly premiums that you actually pay for term life insurance for yourself. Do not include premiums for insurance on your dependents, for whole life or for any other form of insurance. Other Necessary Expenses: court-ordered payments. Enter the total monthly amount that you are required to pay pursuant to the order of a court or administrative agency, such as spousal or child support payments. Do not include payments on past due obligations included in Line 44. Other Necessary Expenses: education for employment or for a physically or mentally challenged child. Enter the total average monthly amount that you actually expend on child-dear—such as baby-sitting, day care, nursery and preschool. Do not include other educational payments. Other Necessary Expenses: health care. Enter the total average monthly amount that you actually expend on health care that is required for the health and welfare of yourself or your dependents. that is not reimbursed by insurance or paid by a health savings account, and that is in excess of the amount entered in Line 19B. Do not include payments for health insurance or health savings accounts listed in Line 34. Other Necessary Expenses: telecommunication services	ilable at or from the clerk of the bankruptcy court); enter in Line b the total of the rage Monthly Payments for any debts secured by Vehicle 2, as stated in Line 42; subtract Line b from	
as stated in Line 42 c. Net ownership/lease expense for Vehicle 2 Subtract Line b from Line a. Other Necessary Expenses: taxes. Enter the total average monthly expense that you actually incur for all federal, state and local taxes, other than real estate and sales taxes, such as income taxes, self-employment taxes, social-security taxes, and Medicare taxes. Do not include real estate or sales taxes. Other Necessary Expenses: involuntary deductions for employment. Enter the total average monthly payroll deductions that are required for your employment, such as retirement contributions, unino dues, and uniform costs. Do not include discretionary amounts, such as retirement contributions. Other Necessary Expenses: life insurance. Enter total average monthly permitums that you actually pay for term life insurance for yourself. Do not include premiums for insurance on your dependents, for whole life or for any other form of insurance. Other Necessary Expenses: court-ordered payments. Enter the total monthly amount that you are required to pay pursuant to the order of a court or administrative agency, such as spousal or child support payments. Do not include payments on past due obligations included in Line 44. Other Necessary Expenses: education for employment or for a physically or mentally challenged child. Enter the total average monthly amount that you actually expend on childcare—such as baby-sitting, day care, nursery and preschool. Do not include other education apayments. Other Necessary Expenses: health care. Enter the total average monthly amount that you actually expend on health care that is required for the health and welfare of yourself or your dependents, that is not reimbursed by insurance or paid by a health savings account. and that is in excess of the amount entered in Line 19B. Do not include payments for health insurance or health savings accounts listed in Line 34. Other Necessary Expenses: telecommunication services. Enter the total average monthly amount that you actually pay for tel	IRS Transportation Standards. Ownership Costs S	
Other Necessary Expenses: life insurance. Enter the total average monthly expense that you actually incur for all payroll deductions that are required for your employment. Enter the total average monthly payroll deductions that are required for your employment, such as retirement contributions, union dues, and uniform costs. Do not include discretionary amounts, such as retirement contributions, union dues, and uniform costs. Do not include discretionary amounts, such as voluntary 401(k) contributions. Other Necessary Expenses: life insurance. Enter total average monthly premiums that you actually pay for term life insurance for yourself. Do not include premiums for insurance on your dependents, for whole life or for any other form of insurance. Other Necessary Expenses: court-ordered payments. Enter the total monthly amount that you are required to pay pursuant to the order of a court or administrative agency, such as spousal or child support payments. Do not include payments on past due obligations included in Line 44. Other Necessary Expenses: education for employment or for a physically or mentally challenged child. Enter the total average monthly amount that you actually expend for education that is a condition of employment and for education that is required for a physically or mentally challenged dependent child for whom no public education providing similar services is available. Other Necessary Expenses: childcare. Enter the total average monthly amount that you actually expend on childcare—such as baby-sitting, day care, nursery and preschool. Do not include other educational payments. Other Necessary Expenses: health care. Enter the total average monthly amount that you actually expend on childcare—such as baby-sitting, day care, nursery and preschool. Do not include other educational payments. Other Necessary Expenses: telecommunication services. Enter the total average monthly amount that you actually pay for telecommunication services other than your basic home telephone and cell phone servi		
federal, state and local taxes, other than real estate and sales taxes, such as income taxes, self-employment taxes, social-security taxes, and Medicare taxes. Do not include real estate or sales taxes. Other Necessary Expenses: involuntary deductions for employment. Enter the total average monthly payroll deductions that are required for your employment, such as retirement contributions, union dues, and uniform costs. Do not include discretionary amounts, such as voluntary 401(k) contributions. Other Necessary Expenses: life insurance. Enter total average monthly premiums that you actually pay for term life insurance for yourself. Do not include premiums for insurance on your dependents, for whole life or for any other form of insurance. Other Necessary Expenses: court-ordered payments. Enter the total monthly amount that you are required to pay pursuant to the order of a court or administrative agency, such as spousal or child support payments. Do not include payments on past due obligations included in Line 44. Other Necessary Expenses: education for employment or for a physically or mentally challenged child. Enter the total average monthly amount that you actually expend on childcare—such as baby-sitting, day care, nursery and preschool. Do not include other educational payments. Other Necessary Expenses: health care. Enter the total average monthly amount that you actually expend on health care that is required for the health and welfare of yourself or your dependents, that is not reimbursed by insurance or paid by a health savings account, and that is in excess of the amount entered in Line 19B. Do not include payments for health insurance or health savings accounts listed in Line 34. Other Necessary Expenses: telecommunication services. Enter the total average monthly amount that you actually pay for telecommunication services other than your basic home telephone and cell phone service—such as pagers, call waiting, caller id, special long distance, or internet service—to the extent necessary for	Net ownership/lease expense for Vehicle 2 Subtract Line b from Line a.	0.00
Other Necessary Expenses: involuntary deductions for employment. Enter the total average monthly payroll deductions that are required for your employment, such as retirement contributions, union dues, and uniform costs. Do not include discretionary amounts, such as voluntary 401(k) contributions. Other Necessary Expenses: life insurance. Enter total average monthly premiums that you actually pay for term life insurance for yourself. Do not include premiums for insurance on your dependents, for whole life or for any other form of insurance. Other Necessary Expenses: court-ordered payments. Enter the total monthly amount that you are required to pay pursuant to the order of a court or administrative agency, such as spousal or child support payments. Do not include payments on past due obligations included in Line 44. Other Necessary Expenses: education for employment or for a physically or mentally challenged child. Enter the total average monthly amount that you actually expend on employment and for education that is required for a physically or mentally challenged dependent child for whom no public education providing similar services is available. Other Necessary Expenses: childcare. Enter the total average monthly amount that you actually expend on childcare—such as baby-sitting, day care, nursery and preschool. Do not include other educational payments. Other Necessary Expenses: health care. Enter the total average monthly amount that you actually expend on health care that is required for the health and welfare of yourself or your dependents, that is not reimbursed by insurance or paid by a health savings account, and that is in excess of the amount entered in Line 19B. Do not include payments for health insurance or health savings accounts listed in Line 34. Other Necessary Expenses: telecommunication services. Enter the total average monthly amount that you actually pay for telecommunication services other than your basic home telephone and cell phone service—such as pagers, call waiting, caller id,	ral, state and local taxes, other than real estate and sales taxes, such as income taxes, self-employment	0.00
Other Necessary Expenses: life insurance. Enter total average monthly premiums that you actually pay for term life insurance for yourself. Do not include premiums for insurance on your dependents, for whole life or for any other form of insurance. Other Necessary Expenses: court-ordered payments. Enter the total monthly amount that you are required to pay pursuant to the order of a court or administrative agency, such as spousal or child support payments. Do not include payments on past due obligations included in Line 44. Other Necessary Expenses: education for employment or for a physically or mentally challenged child. Enter the total average monthly amount that you actually expend for education that is a condition of employment and for education that is required for a physically or mentally challenged dependent child for whom no public education providing similar services is available. Other Necessary Expenses: childcare. Enter the total average monthly amount that you actually expend on childcare—such as baby-sitting, day care, nursery and preschool. Do not include other educational payments. Other Necessary Expenses: health care. Enter the total average monthly amount that you actually expend on health care that is required for the health and welfare of yourself or your dependents, that is not reimbursed by insurance or paid by a health savings account, and that is in excess of the amount entered in Line 19B. Do not include payments for health insurance or health savings accounts listed in Line 34. Other Necessary Expenses: telecommunication services. Enter the total average monthly amount that you actually pay for telecommunication services other than your basic home telephone and cell phone service—such as pagers, call waiting, caller id, special long distance, or internet service—to the extent necessary for	oll deductions that are required for your employment, such as retirement contributions, union dues, and orm costs. Do not include discretionary amounts, such as voluntary 401(k) contributions	0.00
required to pay pursuant to the order of a court or administrative agency, such as spousal or child support payments. Do not include payments on past due obligations included in Line 44. Other Necessary Expenses: education for employment or for a physically or mentally challenged child. Enter the total average monthly amount that you actually expend for education that is a condition of employment and for education that is required for a physically or mentally challenged dependent child for whom no public education providing similar services is available. Other Necessary Expenses: childcare. Enter the total average monthly amount that you actually expend on childcare—such as baby-sitting, day care, nursery and preschool. Do not include other educational payments. Other Necessary Expenses: health care. Enter the total average monthly amount that you actually expend on health care that is required for the health and welfare of yourself or your dependents, that is not reimbursed by insurance or paid by a health savings account, and that is in excess of the amount entered in Line 19B. Do not include payments for health insurance or health savings accounts listed in Line 34. Other Necessary Expenses: telecommunication services. Enter the total average monthly amount that you actually pay for telecommunication services other than your basic home telephone and cell phone service—such as pagers, call waiting, caller id, special long distance, or internet service—to the extent necessary for	er Necessary Expenses: life insurance. Enter total average monthly premiums that you actually pay for life insurance for yourself. Do not include premiums for insurance on your dependents, for whole	0.00
Enter the total average monthly amount that you actually expend for education that is a condition of employment and for education that is required for a physically or mentally challenged dependent child for whom no public education providing similar services is available. Other Necessary Expenses: childcare. Enter the total average monthly amount that you actually expend on childcare—such as baby-sitting, day care, nursery and preschool. Do not include other educational payments. Other Necessary Expenses: health care. Enter the total average monthly amount that you actually expend on health care that is required for the health and welfare of yourself or your dependents, that is not reimbursed by insurance or paid by a health savings account, and that is in excess of the amount entered in Line 19B. Do not include payments for health insurance or health savings accounts listed in Line 34. Other Necessary Expenses: telecommunication services. Enter the total average monthly amount that you actually pay for telecommunication services other than your basic home telephone and cell phone service—such as pagers, call waiting, caller id, special long distance, or internet service—to the extent necessary for	ired to pay pursuant to the order of a court or administrative agency, such as spousal or child support	0.00
Other Necessary Expenses: childcare. Enter the total average monthly amount that you actually expend on childcare—such as baby-sitting, day care, nursery and preschool. Do not include other educational payments. Other Necessary Expenses: health care. Enter the total average monthly amount that you actually expend on health care that is required for the health and welfare of yourself or your dependents, that is not reimbursed by insurance or paid by a health savings account, and that is in excess of the amount entered in Line 19B. Do not include payments for health insurance or health savings accounts listed in Line 34. Other Necessary Expenses: telecommunication services. Enter the total average monthly amount that you actually pay for telecommunication services other than your basic home telephone and cell phone service—such as pagers, call waiting, caller id, special long distance, or internet service—to the extent necessary for	r the total average monthly amount that you actually expend for education that is a condition of loyment and for education that is required for a physically or mentally challenged dependent child for	0.00
Other Necessary Expenses: health care. Enter the total average monthly amount that you actually expend on health care that is required for the health and welfare of yourself or your dependents, that is not reimbursed by insurance or paid by a health savings account, and that is in excess of the amount entered in Line 19B. Do not include payments for health insurance or health savings accounts listed in Line 34. Other Necessary Expenses: telecommunication services. Enter the total average monthly amount that you actually pay for telecommunication services other than your basic home telephone and cell phone service—such as pagers, call waiting, caller id, special long distance, or internet service—to the extent necessary for	er Necessary Expenses: childcare. Enter the total average monthly amount that you actually expend on leare—such as baby-sitting, day care, nursery and preschool. Do not include other educational	0.00
Other Necessary Expenses: telecommunication services. Enter the total average monthly amount that you actually pay for telecommunication services other than your basic home telephone and cell phone service—such as pagers, call waiting, caller id, special long distance, or internet service—to the extent necessary for	er Necessary Expenses: health care. Enter the total average monthly amount that you actually expende alth care that is required for the health and welfare of yourself or your dependents, that is not bursed by insurance or paid by a health savings account, and that is in excess of the amount entered in	000
	er Necessary Expenses: telecommunication services. Enter the total average monthly amount that you ally pay for telecommunication services other than your basic home telephone and cell phone service—as pagers, call waiting, caller id, special long distance, or internet service—to the extent necessary for	0.00
33 Total Expenses Allowed under IRS Standards. Enter the total of Lines 19 through 32. \$ 4,318		319.00

Subpart B: Additional Living Expense Deductions Note: Do not include any expenses that you have listed in Lines 19-32 Irance, Disability Insurance, and Health Savings Account Expenses. List the monthly the categories set out in lines a-c below that are reasonably necessary for yourself, your spot

	expens	Insurance, Disability Insurance, and Health Saves in the categories set out in lines a-c below that are dependents.					
	a.	Health Insurance	S	0.00			
34	b.	Disability Insurance	S	0.00			
	c.	Health Savings Account	S	0.00			
	l .	nd enter on Line 34 do not actually expend this total amount, state you below: 0.00	ur actual total average	e monthly ex	penditures in the	s	0.00
35	monthl elderly	ued contributions to the care of household or far y expenses that you will continue to pay for the rea- chronically ill, or disabled member of your houselt to pay for such expenses.	sonable and necessary	care and su	port of an	S	0.00
36	Protection against family violence. Enter the total average reasonably necessary monthly expenses that you actually incurred to maintain the safety of your family under the Family Violence Prevention and Services Act or other applicable federal law. The nature of these expenses is required to be kept confidential by the court.					s	0.00
37	Home energy costs. Enter the total average monthly amount, in excess of the allowance specified by IRS Local Standards for Housing and Utilities, that you actually expend for home energy costs. You must provide your case trustee with documentation of your actual expenses, and you must demonstrate that the additional amount claimed is reasonable and necessary.						0.00
38	Education expenses for dependent children less than 18. Enter the total average monthly expenses that you actually incur, not to exceed \$137.50 per child, for attendance at a private or public elementary or secondary school by your dependent children less than 18 years of age. You must provide your case trustee with documentation of your actual expenses, and you must explain why the amount claimed is reasonable and necessary and not already accounted for in the IRS Standards.					s	0.00
39	clothin Nation	onal food and clothing expense. Enter the total average expenses exceed the combined allowances for food al Standards, not to exceed 5% of those combined a or from the clerk of the bankruptcy control to claimed is reasonable and necessary.	d and clothing (appare llowances. (This infor	el and servic mation is av	es) in the IRS ailable at	5	0.00
40	Contin	ued charitable contributions. Enter the amount the financial instruments to a charitable organization a	at you will continue to s defined in 26 U.S.C.	contribute § 170(c)(1)	in the form of -(2).	s	0.00
41	Total A	Additional Expense Deductions under § 707(b). E	nter the total of Lines	34 through	40		0.00

			Subpart C: Deductions for	Debt Paymei	at			
	Future payments on secured claims. For each of your debts that is secured by an interest in property that you own, list the name of the creditor, identify the property securing the debt, state the Average Monthly Payment, and check whether the payment includes taxes or insurance. The Average Monthly Payment is the total of all amounts scheduled as contractually due to each Secured Creditor in the 60 months following the filing of the bankruptcy case, divided by 60. If necessary, list additional entries on a separate page. Enter the total of the Average Monthly Payments on Line 42.							
42		Name of Creditor	Property Securing the Debt	Average Monthly Payment	Does payment include taxes or insurance	;		
	a.			S	□ yes □ no	,		
	b.			S	☐ yes ☐ no			
	c.			S	☐ yes ☐ no	<u> </u>	}	
				Total: Add Lines a, b and	le.	S	0.00	
43	you may include in your deduction 1/60th of any amount (the "cure amount") that you must pay the creditor in addition to the payments listed in Line 42, in order to maintain possession of the property. The cure amount would include any sums in default that must be paid in order to avoid repossession or foreclosure. List and total any such amounts in the following chart. If necessary, list additional entries on a separate page. Name of Property Securing the Debt 1/60th of the Cure Amount							
	a.	Creditor		<u> </u>	S			
	b.		THE MALE STATE OF THE STATE OF	S		1		
	c.			s	·	1		
				Total: Add	Lines a, b and c] s	0.00	
44	as prio	nyments on prepetition priority claims. Enter the total amount, divided by 60, of all priority claims, such priority tax, child support and alimony claims, for which you were liable at the time of your bankruptcy ing. Do not include current obligations, such as those set out in Line 28.					0.00	
	Chapter 13 administrative expenses. If you are eligible to file a case under chapter 13, complete the following chart, multiply the amount in line a by the amount in line b, and enter the resulting administrative expense.							
	a.	Projected average monthly chapter 13 plan payment.			S			
45	b.	Current multiplier for your district as determined under schedules issued by the Executive Office for United States Trustees. (This information is available at or from the clerk of the bankruptcy court.)						
	c.	Average monthly administrative expense of chapter 13 case Total: Multiply Lines a and b				nes S	0.00	
46	Total	Deductions for Deb	t Payment. Enter the total of Lines 42	through 45.		\$	0.00	
			Subpart D: Total Deduction	ns from Incon	ne			

)(2))	\$ 0.00 \$ 4,319.00					
Enter the amount from Line 47 (Total of all deductions allowed under § 707(b) Monthly disposable income under § 707(b)(2). Subtract Line 49 from Line 48 ar 60-month disposable income under § 707(b)(2). Multiply the amount in Line 50							
Monthly disposable income under § 707(b)(2). Subtract Line 49 from Line 48 ar 60-month disposable income under § 707(b)(2). Multiply the amount in Line 50		\$ 4,319.00					
60-month disposable income under § 707(b)(2). Multiply the amount in Line 50	nd enter the result						
		\$ -4,319.00					
60-month disposable income under § 707(b)(2). Multiply the amount in Line 50 by the number 60 and enter the result.							
Initial presumption determination. Check the applicable box and proceed as direct	ected.						
The amount on Line 51 is less than \$6,575 Check the box for "The presumption of this statement, and complete the verification in Part VIII. Do not complete to	on does not arise" at the to the remainder of Part VI.	p of page 1					
The amount set forth on Line 51 is more than \$10,950. Check the box for "The presumption arises" at the top of page 1 of this statement, and complete the verification in Part VIII. You may also complete Part VII. Do not complete the remainder of Part VI.							
☐ The amount on Line 51 is at least \$6,575, but not more than \$10,950. Complete the remainder of Part VI (Lines 53 through 55).							
Enter the amount of your total non-priority unsecured debt		\$					
Threshold debt payment amount. Multiply the amount in Line 53 by the number	0.25 and enter the result.	S					
The amount on Line 51 is less than the amount on Line 54. Check the box for "The presumption of the top of page 1 of this statement, and complete the verification in Part VIII. The amount on Line 51 is equal to or greater than the amount on Line 54. Check the box for "The arises" at the top of page 1 of this statement, and complete the verification in Part VIII. You may as							
Part VII: ADDITIONAL EXPENSE CLAI	MS						
Other Expenses. List and describe any monthly expenses, not otherwise stated in this form, that are required for the health and welfare of you and your family and that you contend should be an additional deduction from your current monthly income under § 707(b)(2)(A)(ii)(I). If necessary, list additional sources on a separate page. All figures should reflect your average monthly expense for each item. Total the expenses.							
Expense Description	Monthly Amount						
a.	\$	_					
		_					
		00					
Part VIII: VERIFICATION							
I declare under penalty of perjury that the information provided in this statement is true and correct. (If this is a joint case, both debtors must sign.) Date: Signature: (Joint Debtor, if any)							
	Initial presumption determination. Check the applicable box and proceed as dire ☐ The amount on Line 51 is less than \$6,575 Check the box for "The presumption of this statement, and complete the verification in Part VIII. Do not complete the page 1 of this statement, and complete the verification in Part VIII. You may at the remainder of Part VI. ☐ The amount on Line 51 is at least \$6,575, but not more than \$10,950. Computer through 55). Enter the amount of your total non-priority unsecured debt Threshold debt payment amount. Multiply the amount in Line 53 by the number Secondary presumption determination. Check the applicable box and proceed a ☐ The amount on Line 51 is less than the amount on Line 54. Check the box for the top of page 1 of this statement, and complete the verification in Part VIII. ☐ The amount on Line 51 is equal to or greater than the amount on Line 54. arises" at the top of page 1 of this statement, and complete the verification in VII. ☐ Part VII: ADDITIONAL EXPENSE CLAI Other Expenses. List and describe any monthly expenses, not otherwise stated in and welfare of you and your family and that you contend should be an additional cincome under § 707(b)(2)(A)(ii)(I). If necessary, list additional sources on a separaverage monthly expense for each item. Total the expenses. ☐ Expense Description a. ☐ Description ☐ Total: Add Lines a, b and c ☐ Part VIII: VERIFICATION I declare under penalty of perjury that the information provided in this statement is both debtors must sign.) ☐ Date: ☐ Signature: ☐ Signatur	Initial presumption determination. Check the applicable box and proceed as directed. ☑ The amount on Line 51 is less than \$6,575 Check the box for "The presumption does not arise" at the top of this statement, and complete the verification in Part VIII. Do not complete the remainder of Part VI. ☐ The amount set forth on Line 51 is more than \$10,950. Check the box for "The presumption arises" at to page 1 of this statement, and complete the verification in Part VIII. You may also complete Part VII. Do the remainder of Part VII. ☐ The amount on Line 51 is at least \$6,575, but not more than \$10,950. Complete the remainder of Part VIII. The amount of your total non-priority unsecured debt ☐ Threshold debt payment amount. Multiply the amount in Line 53 by the number 0.25 and enter the result. ☐ Secondary presumption determination. Check the amount on Line 54 check the box for "The presumption does reflected. ☐ The amount on Line 51 is less than the amount on Line 54. Check the box for "The presumption does reflected of this statement, and complete the verification in Part VIII. ☐ The amount on Line 51 is equal to or greater than the amount on Line 54. Check the box for "The presumption does reflected of this statement, and complete the verification in Part VIII. You may also cover a state of you and your family and that you contend should be an additional deduction from your current income under \$707(b)(2)(A)(ii)(1). If necessary, list additional sources on a separate page. All figures should average monthly expense for each item. Total the expenses. ☐ Expense Description					